

**EFFECTIVENESS OF STRUCTURED TEACHING
PROGRAMME ON CHILD ABUSE AMONG
MOTHERS OF UNDER FIVE CHILDREN**

**By
MISS. G. NANDHINI**



**A Dissertation submitted to
THE TAMILNADU Dr.M.G.R MEDICAL UNIVERSITY,
CHENNAI.
IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE
DEGREE OF MASTER OF SCIENCE IN NURSING
APRIL 2012**

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FOR THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY,
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Branch – II, Pediatric Nursing,
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Internal Examiner

External Examiner

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CHAPTER-I



INTRODUCTION

CHAPTER-I

INTRODUCTION

Children are the gift, which has much potential with one, will be the best resources for the nation, if it is been developed and utilized well. Children below five year of age group are known as the under fives.

During their phase of physical, psychosocial and emotional maturation they develop certain behavior which would mould them as a unique person to lead a productive life for which, adults are responsible crucially. At the same time, children are exposed to vulnerable risk in the environment by the adults during their phase of maturation.

Children have their own right to live in the healthy society likely to be physical and mentally healthy, to have medical facilities, education, without any gender discrimination, etc. even beyond this legislation children are often maltreated in many forms at home, school, and day care centre by the caretakers and others.

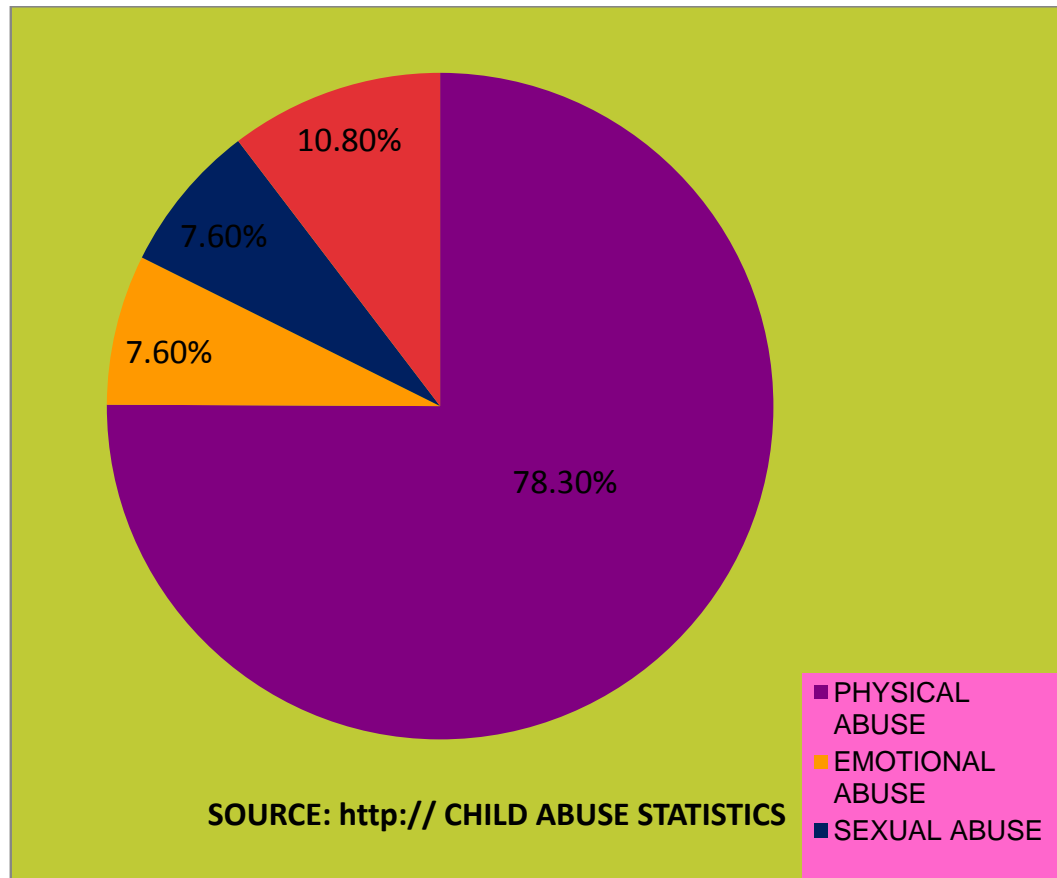
One of the maltreatment is child abuse which constitutes physical, emotional and sexual exploitation or neglect. It is like an infection which creates a downward spiral through generation of each victim.

Child abuse is an important national issue for which health professional concerns seriously.

Kalia raman and daskarobi., (2009) said that child abuse is a serious problem that a significant long-term impact on individuals, families and community. Sadly, there is significant under estimation by the community of the extent and nature of a problem. Raising awareness and understanding of child abuse is a first important step towards addressing issue.

Godoy Martins Christine Baccarat de et.al., (2006) conducted a study to build the epidemiological profile of deliberate violence against minors under 15 years of age in Londrina. Most victims of physical force were female (53.4%) and the highest risk age was six (12.2 per 1,000). The father was the main aggressor (48.8%) and alcoholism was present in 64.0% of cases. Incidence rates of violence by physical force per age group and sex of victims showed the highest risk at age six for both sexes. The

general rate points toward a higher risk for the six-year-old age group.



National child abuse statistics 2010:

- A report of child abuse is made every ten seconds.
- Almost five children die everyday as a result of child abuse.
More than three out of four are under the age of four.
- It is estimated that between 60-85% of child fatalities due to maltreatment are not recorded as such on death certificates.

- 90% of child sexual abuse victims know the perpetrator in some way; 68% are abused by family members.
- Child abuse occurs at every socioeconomic level, across ethnic and cultural lines, within all religions and at all levels of education.
- Over 60% of people in drug rehabilitation centers report being abused or neglected as a child.
- About 30% of abused and neglected children will later abuse their own children, continuing the horrible cycle of abuse.
- About 80% of 21 year old that were abused as children met criteria for at least one psychological disorder.
- Abused children are 25% more likely to experience teen pregnancy.
- Abused teens are three times less likely to practice safe sex, putting them at greater risk for STDs.

Daily there are cases of sexual abuse of children all over India. Most of them go unreported and people are unaware of it but child abuse exist in all sections of society. Even the higher stratum of community which is considered to be the educated and most progressive section of the society is actively involved in it.

The silence from the victim and her/his family encourages the abuser to feel that he is safe to sexually abuse.

As the worst part most of the children are not aware that they are being abused and the children are growing up not knowing their rights have been violated. Most of the victims bury the abuse as a painful and shameful memory never to be told to anyone.

Children are expected to respect and obey authority figures such as parents, teachers, guidance counselors and principals and not question their actions and due to their innocence and blind faith in the elders that they do not realize that they are being abused by the time they realize the shame and the fear makes them suffer the torture in silence.

Legal provisions alone are not going to secure Indian children. "There is a need to empower children with awareness about abuse. "Parents need to recognize this danger, keep communication lines open for children to confide in them, and react in an appropriate manner when children confide in them".

NEED FOR THE STUDY:

Internationally, child abuse is more common than previously acknowledged.

Times of India (2011) reported that three siblings in Prasad nagar had been exploited sexually by their school cab driver for over a year, a trial court has slammed the mother of the children for allegedly subjecting them to physical violence. The three child victims appear to have been physically assaulted repeatedly while in the custody of their mother.

The Hindu (2011) reported sexual harassment of a four-year old girl studying in UKG in a school at Kallakurichi by an LKG teacher and the school principal.

The Times of India (2011) reported that the state social welfare department has ordered the closure of child care centre in Tirunelveli District, Tamilnadu after the police registered on FIR against the centre for allegedly sexually abusing some children through unnatural modes.

CNN Justice (2011) reported three adopted children in Canada who allegedly suffered burns and had been forced to eat pet food lived in inhumane conditions. They have been raised worse than dogs. Three malnourished children ages are three, five, and ten. The couple, who surrendered were released on a bond of \$ 9,000 each.

Times of India (2008) reported that in Chennai incidences of child abuse are on the rise, the latest being the molestation of eight year old girl by 49 year old man in Adambakkam.

National committee for the prevention of child abuse (2006) conducted annual fifty state survey. Child abuse reports have maintained a steady growth for the past ten years, with the total number of reports nationwide increasing 45% since 1987.

National committee for the prevention of child abuse (2004) annual fifty state survey reported that neglect represents the most common type of reported and substantiated form of maltreatment. 62% involved neglect, 25% physical abuse, seven percent sexual abuse, three percent emotional maltreatment and four percent other.

The U.S advisory board on child abuse and neglect (2004) reported that near fatal abuse and neglect each year leave 18,000 permanently disabled children, tens of thousands of victims overwhelmed by lifelong psychological trauma, thousands of traumatized siblings and family members, and thousands of near-death survivors who, as adults, continue to bear the physical and psychological scars.

In USA Nation clearing house on child abuse and neglect information (2003) estimated death 415 occurred in under one year of age, 85 % occurred in children under five year of age due to physical abuse.

National center on child abuse and neglect (2002) conducted a study to examine incidence of child abuse estimated that 1,500 children die from abuse each year. There are 1,40,000 injuries to children from abuse each year, there are 1.7 million reports of child abuse each year. About 5,000 women in north America were molested in childhood. More than million cases of child abuse and neglect are reported each year in the united states. An estimated 1,50,000 to 2,00,000 new cases of sexual abuse occur each year. There were an estimated 9,03,000 victims of maltreatment nationwide . An estimated 1,100 children died of abuse and neglect a rate of approximately 1.6 deaths per 1,00,000 children in the general population. Approximately one in seven males will have been sexually molested before the age of 18.

Kacker Loveleen et.al., (2007) conducted a study to develop a comprehensive understanding of phenomenon of child abuse with a view to facilitate the formulation of appropriate policies and programme in India. The major findings were more

than 53% children report facing one or more forms of sexual abuse. Almost 22% faced severe sexual abuse, 6% sexually assaulted, 50% of sexual offenders were known to the victim or were in positions of trust (family member, close relative, friend or neighbour), five to twelve years group faced higher levels of abuse, largely unreported, boys were equally at risk as girls.

The investigator selected this topic as a research study because there are very limited studies on child abuse among mothers of under five children. So the mothers of under five children need to have adequate knowledge on child abuse which helps to create healthy children for the development of healthy nation.

STATEMENT OF THE PROBLEM:

Effectiveness of structured teaching programme regarding child abuse among mothers of under five children.

OBJECTIVES:

1. to assess the level of knowledge regarding child abuse among mothers of under five children.
2. to evaluate the effectiveness of structured teaching programme regarding child abuse

3. to find out the association between effectiveness of structured teaching programme with their selected demographic variables.

OPERATIONAL DEFINITIONS:

EFFECTIVENESS:

It means producing an intended result. In this study effectiveness refers to gained level of knowledge as determined by the significant difference between pre and post test knowledge scores among mothers of under five children regarding child abuse, which is measured in terms of statistical measurement.

STRUCTURED TEACHING PROGRAMME:

It refers to a planned series of information to the group of mothers so as to help them to learn something. In this study, it refers to a structured set of information for 45 minutes by using flash cards to create awareness and spread knowledge to the mothers regarding child abuse.

CHILD ABUSE:

Child abuse is any form of intentional physical abuse, physical neglect, emotional abuse and emotional neglect and sexual abuse of children.

MOTHER OF UNDER FIVE CHILDREN:

Mothers who have children of birth to five years of age and who regularly coming to ICDS centres at Malaipalayam, Banglanagar, Periyannagar in Malaipalayam village panchayat, Kanchipuram district.

ASSUMPTION:

1. Mothers of under five children may have inadequate knowledge about child abuse.
2. Structured teaching programme may help the mothers of under five children to improve their knowledge regarding child abuse and its prevention.

DELIMITATIONS:

The study is delimited to

1. The study period was only six weeks.
2. The study was limited to 50 samples.

PROJECTED OUTCOME:

The study would provide a data of knowledge regarding child abuse. The structured teaching programme will help to create awareness among the mothers of under five children regarding child abuse. It will help their practice through gained knowledge

and may spread to other people in the community thus it will help to reduce the incidence of child abuse.

CONCEPTUAL FRAMEWORK

The investigator adopted Imogene king's goal attainment theory (2003) based on personal and interpersonal systems including perception, judgement, action, reaction, interaction and transaction. The investigator adopted this basic theory for conceptual framework which is aimed to find out the effectiveness of structured teaching programme regarding child abuse among mothers of under five children. This involves interaction between the researcher and under five mothers. There are six major concepts.

PERCEPTION

It refers to people's representation of reality. It is not observable but it can be inferred .Hence the investigator perception is the need for teaching programme on child abuse among mothers of under five children at Malaipalayam, Banglanagar, Periyannagar ICDS centres in Malaipalayam village panchayat, Kanchipuram district.

JUDGEMENT

The investigator has decided to give education to mothers of under five children to improve their knowledge about child abuse.

ACTION

It refers any changes that have to be achieved. The nurse educator has planned for structured teaching programme on child abuse among mothers of under five children to update their knowledge.

REACTION

The investigator reaction is to set goal which is improving the knowledge regarding child abuse.

INTERACTION

It refers to the verbal and non verbal behavior between one individual and environment or between two or more individual who involve goal directed perception and communication. Here the investigator interacts with the mothers of under five children by giving pre test and planned structured teaching programme.

TRANSACTION

This is the achievement of a goal. In this stage the investigator reassesses the knowledge regarding child abuse on under five mothers by conducting post test.

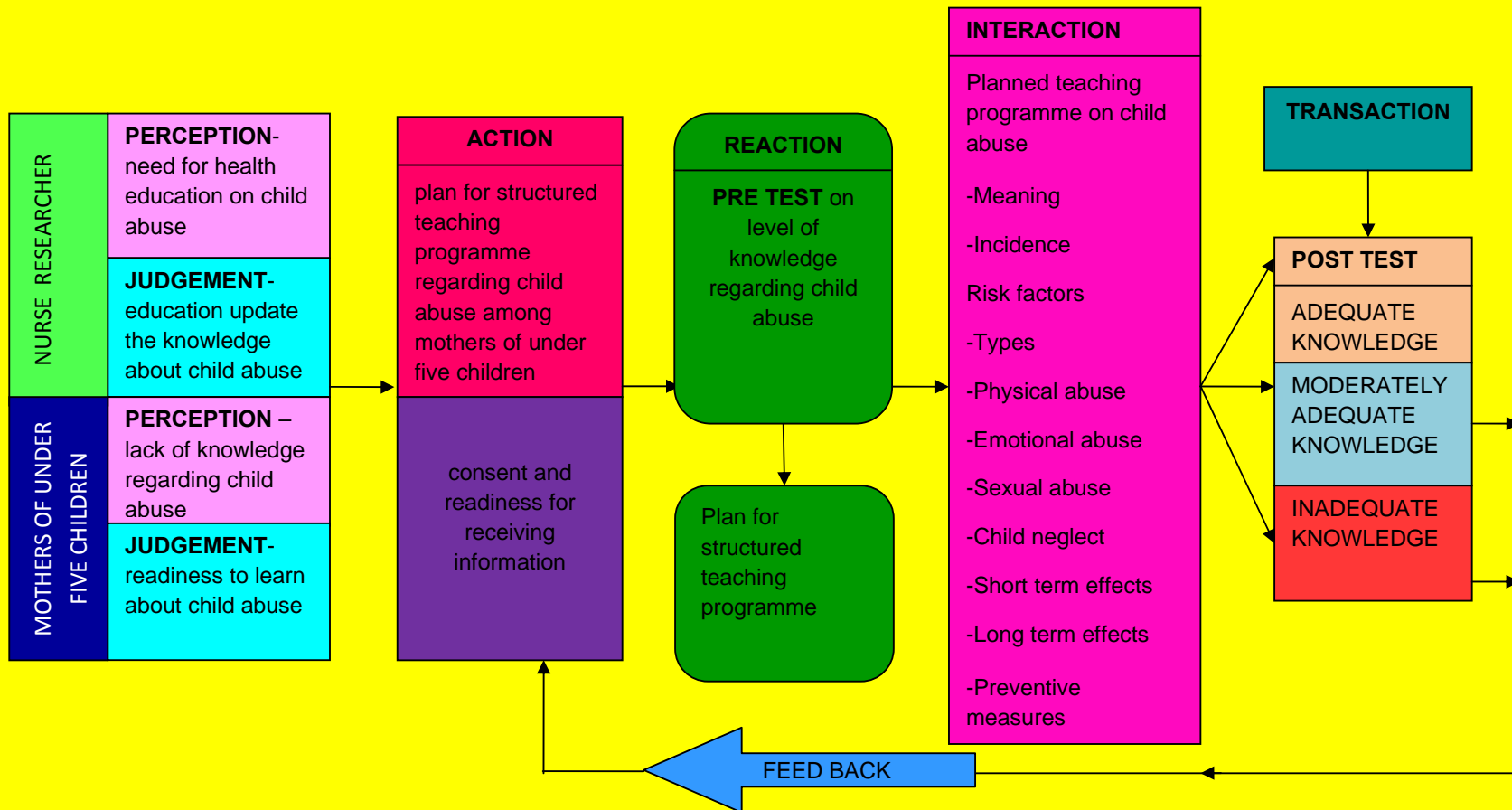
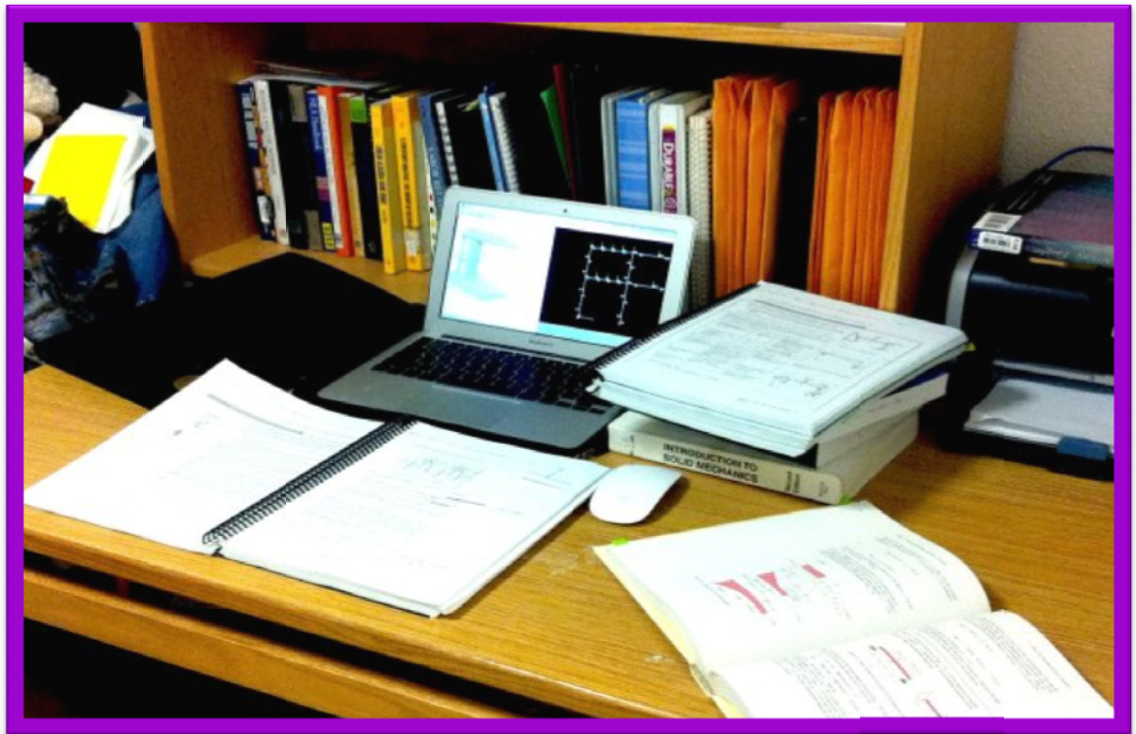


FIGURE.1.2: CONCEPTUAL FRAMEWORK BASED ON IMOGENE KING'S GOAL ATTAINMENT THEORY (2011)

CHAPTER-II



REVIEW OF LITERATURE

CHAPTER-II

REVIEW OF LITERATURE

Literature review involves the systematic identification, location, scrutinizing and summary of written material that contains information on research problem under study.

It is actively involved in searching an information relevant to topic and developing a knowledge with support and guide for the study.

PART- I: LITERATURE RELATED TO CHILD ABUSE

PART- II: LITERATURE RELATED TO INCIDENCE AND PREVALENCE OF CHILD ABUSE

PART-III: LITERATURE RELATED TO CAUSES AND RISK FACTORS OF CHILD ABUSE

PART-IV: LITERATURE RELATED TO EFFECTS OF CHILD ABUSE

PART-V: LITERATURE RELATED TO MANAGEMENT OF CHILD ABUSE

PART-VI: LITERATURE RELATED TO IMPORTANCE OF PREVENTION OF CHILD ABUSE

PART-I LITERATURE RELATED TO CHILD ABUSE

Pott, I.niki., (2007) defined child abuse as any intentional, emotional, physical or sexual injury to the child.

Children's advocacy center statistics has reported that among the over 1,41,000 children served by children's advocacy centers. It includes

- 53,932 children were ages zero to six years
- 51,196 children were ages seven to 12 years
- 36,131 children were ages 13 to 18 years
- 95,120 children reported sexual abuse
- 25,414 children reported physical abuse
- 38,312 children participated in forensic interviewing at a children's advocacy.

RISK FACTORS FOR CHILD ABUSE:

Kalaichelvi ,S., (2008) has given the risk factors for child abuse as

1) Community/societal related:

High crime rate, lack of or few social services, high poverty rate, high employment rate.

2) Parent Related:

Personal history of physical or sexual abuse as a child, teenage parents, single parent, emotional Immaturity, poor coping skills, known history of child abuse, lack of parent skills, domestic violence, history of depression or other mental health problems, multiple young children, unwanted pregnancy, denial of pregnancy.

3) Child Related:

Prematurity, low birth weight, handicap, unwanted child in family, physically unattractive

Pott,L.Niki., (2007) has given the causes such as

- Ignorance can often cause parents or caregivers to neglect a child.
- Severe stress can lead adult to abuse a child.
- Young, single parents without sufficient emotional support for themselves are more vulnerable to neglect and abuse their children.
- Sexual abuse of a child often starts with inappropriate touching or fondling.
- Youngest children are more vulnerable for child abuse.

Potti,L.Niki., (2007) said that physical abuse should be always suspected when there is an injury that cannot be explained, or when the history provided is incongruous with the physical findings or the child's developmental level. Suspicion should also be aroused when the case given claims the injury was self-inflicted by a sibling, or when there is a delay in seeking medical services.

Wong,L.Donna,(2007) has given the physical abuse indicators as

- Unexplained bruises, scars or welts that appears in various stages of healing; bruises on the mouth, lips or eyes; an unexplained swollen extremity.
- Bite marks, especially around the genitals or buttocks.
- Bruises the shape of recognizable objects (hand, belt, electric cord), or injuries in locations a child cannot reach.
- Burns may be visible on the hands, legs or face or appear as hot water scalding marks (as even line across the skin, usually on the legs or buttocks).
- Bruises are injuries to the surface of the skin resulting from bumps.

Potti,L.Niki.,(2007) aroused when the care given claims the injury was self-inflicted, inflicted by a sibling, or when there is a delay in seeking medical services.

Centers for disease control and prevention (2008) stated that child maltreatment is defined as any or series of acts of commission or omission by a parent or other caregiver that result in harm, potential for harm, or threat of harm to a child.

Wong,L.Dona,(2007) said that physical abuse indicator include

1. Inadequate care (general)

Inadequate metals, clothing that is old, dirty, inappropriate for age, or fits poorly, lack of personal hygiene, lack of health care maintenance.

2. Inadequate physical environment:

Inadequate shelter, inadequate sleeping, poor sanitary conditions.

3. Inadequate parenting:

Frequent school absences, inappropriate discipline, emotional abandonment when school supports child.

Pott,L.Niki,(2007) defined as acts of omission (will fully not attending a childs's graduation or award ceremony) or commission (a child is told that he or her is ugly) deemed psychological damaging. It also involves the presence of hostile behavior as well as the absence of positive parenting behavior.

Nanthini,s.(2007) defined sexual abuse as exploitive sexual act(s) imposed on a child who lacks the actions there are several forms of sexual abuse or maltreatment, including assault, incest, exploitation, exhibitionism, pedophilia, and child molestation.

Wong,L. Dona.(2007) listed the manifestations as

Mood regulation - Depression, anxiety, hostility, irritability, phobias, aggression

Cognitive problem - Learning problems, failing grades, day dreaming, dissociation, nightmares, low self esteem.

Sexual problem - Sexualized or promiscuous, prostitution, confusion about sexual identity, masturbation.

Children exposed to material violence in childhood are at risk for engaging in dating violence as adolescents or young adults.

Children who experience physical abuse were 1.9 times as likely to be arrested for violence, and victims of neglect were 1.6 times as likely to be arrested for violence as control participants.

Thirty percent of incarcerated adolescent boys who were perpetrators of sexual assault, reported previous victimization. Drug is also higher in victims of abuse and neglect.

Joan, E. Durrant., (1995) suggested several strategies can reduce the occurrence of abuse. The first is directed at preventing maladaptive behaviors by providing help before the behavior occurs. Caregivers can assess their own family of origin and make informed choices regarding raising their children differently from how they were raised if abused. A second strategy focuses on high risk communities. Even though child abuse occurs in all socioeconomic levels, identifying families at high risk is critical.

Poverty, high community violence, high unemployment and welfare.

Justin, k. lee., (2003) parent education programs focus on decreasing parental practices and behaviors associated with child abuse and neglect, and typically target teen parents and highly stressed parents as well as their children. These programs address issues such as:

- Developing and practicing positive discipline techniques.
- Learning age-appropriate child development skills and milestones.
- Promoting positive play interaction between parents and children.
- Locating and accessing community services and supports.

Winson,F.,(2003) said that many schools and local community social service organizations offer skill-based curricula to teach children safety and protection skills. Curricula may use various methods to teach children skills including:

- Workshops and school lessons.
- Puppet shows and role-playing activities.

- Films and videos.

Home visitation programs that emphasize the health and well-being of children and families have existed in this country since the late 19th century. Topics covered through these programs may include:

- Positive parenting practices and nonviolent discipline techniques.
- Child development.
- Availability and accessibility of social services.
- Establishment of social supports and networks.
- Advocacy for self (parent), child, and family.
- Prevention of accidental childhood injuries through the development of safe home environments.

A.STUDIES RELATED TO INCIDENCE AND PREVALENCE OF CHILD ABUSE

Hampton.R.L et al., (2011) conducted a study on child abuse incidence and reporting by hospitals with the significance of severity, class, and race. The study estimated more than 77,000 cases. Compared to other agencies in the sample, hospitals identified children who were younger, black, lived in urban areas

had more serious injuries. Discriminant analysis revealed that income, mother's role, physical abuse, emotional abuse, race, maternal employment and sexual abuse. Disproportionate numbers of unreported cases were victims of emotional abuse and came from families of higher income. Their mothers were often white and more often alleged to be responsible for the injuries.

Times of India (2011) reported that every 2.5 hours a child below 16 years of age and every 13 hours a child below 10 years of age is raped in India, making it the country with the highest number of cases of child sexual abuse of any country.

Cappelleri.F et al., (2010) investigated with data from the second national incidence and prevalence study of child abuse and neglect. A statistical comparison of incidence suggested that age, family, income, and ethnicity were risk factors for both sexual abuse and physical abuse. Gender was a risk factor for sexual abuse but not for physical abuse.

Thom Curtis.L.E et al., (2010) assessed the changes in reports and incidence of child abuse following natural disasters. Child abuse reports and substantiations were analysed, by country, for one year before and after hurricane hugo, the Loma

prieta earthquake, and hurricane andrew. Results showed that based on analysis of numbers, rates, and proportions. Child abuse reports were disproportionately higher in the quarter and half year following two of the three disaster events (hurricane hugo and loma prieta earthquake).

Diana E.H.Russell., (2009) conducted a study on the incidence and prevalence of intrafamilial and extrafamilial sexual abuse of female children. Data obtained from a random sample of 930 adult women in san fransisco. 16% of these women reported atleast one experience before the age of 18 years, 12% reported atleast one such experience before the age of 14 years, 31% reported at least one experience of extrafamilial sexual abuse before the age of 18 years, and 20% reported at least one such experience before the age of 14 years. When both categories of sexual abuse are combined, 38% reported atleast one experience before the age of 18 years, and 28% reported atleast one such experience before the age of 14 years. Only two percent of the cases of intrafamilial and six percent of the cases of extrafamilial child sexual abuse were ever reported to the police.

Pawlak,C.H et al., (2008) conducted a study to describe the prevalence of child sexual abuse among women in New Zealand.

Retrospective report from a random sample of 2,885 women aged 18-64 years old in two regions in New Zealand. Face-to-face interviews with one randomly selected woman from each household were conducted. The results showed that the overall prevalence rates for child sexual abuse were 23.5% for women from the urban region and 28.2% from the rural region. The median age of onset of the abuse was nine years, and the median estimated age of the abuser was 15 years. Half of those who experienced child sexual abuse reported that it occurred once or twice, 27% a few times, and 23% multiple times. The majority of cases were perpetrated by a family member, most frequently male.

Neetal.S, et al., (2008) conducted a study to describe child abuse in India. It reported that 69% of all Indian children are victims of physical, mental or emotional abuse, with New Delhi's children facing an astounding abuse rate of 83.12%. The survey involved interviews with 12,447 children also highlighted that it was usually family members (89%) who perpetrate such crimes and that more boys face physical abuse (72.61%) than girls (65%).Also noted that child sexual abuse in India begins as early as four, ratchets up dramatically during pre-pubescence and peaks at 12 to 16 years.

Gessner,B.D, et al., (2007) determined the incidence and risk factors associated with infant physical abuse in Alaska. Retrospective cohort study was conducted by linking data from birth certificates. The results shown that during the seven year study period, there were 70,842 births and 325 cases of physical abuse including 72 that led to hospitalization (n=4), or both (n=10), retrospective incidences for all abuse and abuse leading to hospitalization or death were 4.6 and 1.0 per 1000 live births.

Ministry of women and child development (2007) reported that over 53% of India's children have been sexually abused in some day. Children between three and twelve years old are the most vulnerable age group and boys outnumber girls with 52.94% reporting abuse. 50% of the perpetrators are known to the victim and are in a position of trust. To some, Indian culture is responsible for so many cases getting underplayed.

B.STUDIES RELATED TO CAUSES AND RISK FACTORS OF CHILD ABUSE

Peter D Rumm, et al., (2011) identified spouse abuse as a risk factor for child abuse in United States. Cohort study was used and the participants were married couples with children with atleast one spouse on active duty in the US army. The US army

family advocacy program's central database was used to identify child and spouse abuse. During the study period of an estimated that 14,270 child abuse cases were substantiated. Families with an incidence case of spouse abuse identified during the study period were twice as likely to have a substantiated report of child abuse compared with other military families. The results showed that identified spouse abuse was associated with physical abuse of a child, rate ratio 2.4 and with sexual abuse of a child, rate ratio 1.5. Identified sexual abuse was not associated with child neglect or maltreatment, rate ratio 1.0.

Mark chaffin.D et al., (2010) determined the onset of physical abuse and neglect. Studies of psychiatric and social risk factors for child maltreatment have been limited by retrospective methodologies. Area survey, 7,103 parents from a probabilistic community sample who did not self-report physical abuse or neglect of their children were followed to determine the risk factors associated with the onset of self-reported physical abuse or neglect. The results showed that substance abuse disorders were strongly associated with the onset of both child abuse and neglect. Depression was found to be a strong risk factor for physical abuse.

David Finkelhor.J et al., (2010) described the risk factors for child sexual abuse. They surveyed and provided information about the relative risk of persons from various backgrounds to experience sexual abuse during childhood. The risk factors identified were child lives without one of the biological parents, mothers unavailable to the child either as a result of employment outside the home or disability and illness, unhappy or conflictual parents marriage reported by the child, poor relationship with the parents or being subject to extremely punitive discipline or child abuse and the reported having a step father.

United Nations Children's Education Fund (2009) conducted a study to gather and establish relevant baseline information on risk factors of child abuse including the child protection system in a community setting in Guyana and caribbean. Children who have been abused were examined. Of 225 recorded pregnancies from January 2007 to December 2008, 58% were teen mothers. Further, for the period from January to March 2009, of the 36 recorded pregnancies, 36% were teenagers. Teen mothers are more likely to become single parents, the high levels of teen pregnancy evident in the community increases the risk of abandonment, neglect and hence separation. One hundred and

thirty one (80%) of the sample frame opined that child neglect does exist in the community.

C. STUDIES RELATED TO EFFECTS OF CHILD ABUSE

Holmes W.C., et al (2010) identified effects of child abuse and neglect on child development, and interpersonal relationships. They concluded that the long term effects of abuse and neglect of a child seen in higher rates of psychiatric disorders, increased rates of substance abuse, and a variety of severe relationship difficulties.

Cicchetti.H et al., (2010) found that 52% of adoptable children have attachment disorder symptoms. Children who have been sexually abused are at significant risk of developing anxiety disorders (two times the average), major depressive disorders (3.4 times the average), alcohol abuse (2.5 times the average), drug abuse (3.8 times the average), and antisocial behavior (4.3 times the average). They concluded that abused and neglected children have poorly integrated cerebral hemispheres and brains are not well integrated as the brain of non-abused children.

Chandy J.M et al., (2009) conducted a study on effects of child sexual abuse on men. It was found that female adolescents,

by and large, engaged in internalizing behaviors and males in externalizing behaviors. Male adolescents were found to be at higher risk than females in poor school performance, delinquent activities, and sexual risk taking. Female adolescents, on the other hand, showed higher risk for suicidal ideation and behavior as well as disordered eating. Males exhibited more extreme use of alcohol and more frequent and extreme use of marijuana.

Dykman R.A., (2009) conducted a study to evaluate internalizing and externalizing characteristics of sexually and/or physically abused children. The participants were 109 abused children and 16 normal control children who were recruited from Arkansa children's hospital and local agencies for abused children. As expected, proportionately more females than males were sexually abused. Post traumatic stress disorder was diagnosed in 50% of the abused children, with a higher rate for boys who had been sexually abused as opposed to physically abused only (58% versus 13%).

Abd-El-Fattah W.T et al., (2008) investigated the relationship among child abuse in Egypt. The Child Abuse and neglect (CANS), and the Cognitive Aptitude Scale (CAS) were administered to a sample of 359 (185 males and 174 females)

children enrolled in six kindergardens and four primary schools. In addition, a sample of 358 fathers responded to the Children's Behavioural problems Checklist (CBPC). Multiple regression analysis showed that children's behavioural problems were predicted by the factors of children abuse. Specifically, physical abuse was the strongest predictor of children's behavioural problems, followed by feeling of rejection, and psychological punishment respectively.

D.STUDIES RELATED TO MANAGEMENT OF CHILD ABUSE

Cohn, Anne H., (2010) determined the relationships between case management and treatment outcome, 354 child abuse cases were studied using audit techniques developed in the medical field. It was found that the variables identified as contributing to quality case management do not necessarily affect treatment outcome.

David A.Wolfe., (2010) conducted a study on training abusive parents in effective child management. Parent training and contingency contracting were experimentally applied as methods of intervention with three abusive mothers and their families. They suggested that behavioral training methods with child abusers can

substantially reduce the risk of recurring abuse by providing these parents with effective child management techniques.

Christine Wekerle G et al., (2010) conducted a study on treatment strategies for child physical abuse and neglect. Three sections comprise this review were child-focused interventions (primarily therapeutic day-care programs), parent-focused intervention (i. e., behavioral and cognitive-behavioral programs and social network interventions), and comprehensive/multiservice programs (i. e., family-centered home-based intervention programs and eco behavioral intervention programs). Findings supported the significance of parent-focused interventions that include well-specified training components aimed at improving child-rearing competence and stress management.

Anselm D et al., (2007) conducted a study to assess the outcomes of children hospitalized for suspected child abuse before and after the implementation of a management protocol in a hospital in Hong Kong. It showed that there were 109 and 320 patients admitted for evaluation of child abuse. Children in both the periods were similar in sex ratio, proportion of severe forms of child abuse, rates of abuse substantiation and inclusion in the child protection registry. After the implementation of a management

protocol, the average length of hospital stay also dropped from 15.3 days to 6.1 days ($p < 0.001$).

E.STUDIES RELATED TO IMPORTANCE OF PREVENTION OF CHILD ABUSE

John Eckenrode M, et al., (2011) conducted a study about preventing child abuse and neglect with a program of nurse home visitation in limiting at pregnancy only, or routine care plus nurse home visits during pregnancy and through the child's second birthday. The results showed that families receiving home visitation during pregnancy and infancy had significantly fewer child maltreatment reports involving the mother as perpetrator or the study child as subject than families not receiving home visitation.

Tavakol, K.H et al., (2008) conducted a study to assess the mothers attitude toward child abuse before and after educating behavioural intention model in USA. Quasi experimental one group pre and post test method was used. The sample consistent with 45 mothers randomly selected. The Adult – Adolescent parenting Inventory (AAPI) questionnaire was used. Comparison of pre test and post test scores was done using paired t test. The finding of this study was that educating parents may change their attitude toward proper parenting style.

CHAPTER-III



METHODOLOGY

CHAPTER-III

METHODOLOGY

This chapter deals with methodology adopted for the study. It includes research approach, research design, setting, population, sample, criteria for sample, selection sample size and sampling technique.

RESEARCH DESIGN:

The design of the study was one group pretest and post test pre experimental research design. It was used to assess the effectiveness of structured teaching programme regarding child abuse among mothers of under five children.

SETTING:

The areas selected for the study were Malaipalayam, Banglanagar, Periyannagar ICDS centres in Malaipalayam village panchayat, Kanchipuram district.

POPULATION:

The target population of the study is mothers of under five children who regularly coming to Malaipalayam, Banglanagar,

Periyanagar ICDS centres in Malaipalayam village panchayat, Kanchipuram district.

SAMPLE SIZE:

Fifty mothers who are having children with birth to five years of age and regularly coming to Malaipalayam, Banglanagar, Periyanagar ICDS centres in Malaipalayam village panchayat, Kanchipuram district.

SAMPLING TECHNIQUE:

Stratified sampling technique was used to select the samples for the study.

CRITERIA FOR SAMPLE SELECTION:

INCLUSION CRITERIA:

- Mothers of under five children who are available during data collection period.
- Mothers of under five children who understand Tamil or English.

EXCLUSION CRITERIA:

- Mothers who are not attending Malaipalayam, Banglanagar, Periyannagar ICDS centres in Malaipalayam village panchayat, Kanchipuram district.
- Mothers of under five children with medical illness.
- Mothers of under five children who are not cooperative.

CHAPTER-IV



DATA ANALYSIS AND INTERPRETATION

CHAPTER - IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation. Statistical analysis is a method of rendering quantitative information in meaningful and intelligent manner. Statistical procedure enables the researcher to analyze, organize, evaluate, interpret and communicate numerical information meaningfully.

Data had been collected from 50 mothers of under five children at Malaipalayam, Banglanagar, Periyannagar ICDS centres in Malaipalayam village panchayat, Kanchipuram district. The data collected from the mothers of under five children were tabulated, analyzed and interpreted under the following headings.

DESCRIPTION OF THE TOOL

The instrument used for the data collection was an interview guide.

This was developed based on the objectives of the study and review of literature. The instrument interview guide consists of two parts as part I and part II.

PART - I

It consists of information on demographic variable such as age of the mother, education of father, occupation of father, education of mother, occupation of mother, family income, type of

family, number of children, age of the child, source of abuse related information.

PART II

The data was collected through the well prepared multiple choice questionnaire. It consists of 30 questions and total score was 30. Each correct response was given a score of one and the wrong answer will be given the score of zero.

REPORT OF PILOT STUDY

Prior permission from the authorities was obtained and individual consent taken from the five samples selected for the study .The pilot study was conducted at ICDS centre, keezhavalam, Thirukazhikundram road for a period of one week. The questionnaire method was used to find out the reliability, validity, feasibility and practicability of the tool and which was evaluated by experts of the research committee. According to simple random sampling technique five samples were taken and by using the questionnaire method the effectiveness of structured teaching programme on child abuse among mothers of under five children was assessed. The result of the pilot study showed that there was a positive correlation between knowledge of mothers of under five children and the study was found to be feasible.

VALIDITY

The tool was prepared by the investigator based on literature review, under the guidance of experts and on the basis of objectives, which were assessed and evaluated, accepted by experts of research committee. The content validity of the tool was obtained from research experts from the field of paediatric Nursing.

RELIABILITY

The assessment tool was developed by the investigator based on the review of literature which was evaluated and accepted by the experts of the research committee. Reliability was checked by experts .The reliability was (0.79). Reliability and practicability of the tool was tested through the pilot study and used for main study.

INFORMED CONSENT

The dissertation committee prior to the pilot study approved the research proposal. Permission was obtained from the child development project officer, Madurantakam. The oral consent from each anganwadi worker and under five mothers was obtained before starting the data collection.

DATA COLLECTION PROCEDURE

The main study was conducted in Malaipalayam, Banglanagar, Periyannagar ICDS centres in Malaipalayam village

panchayat, Kanchipuram district. The investigator introduced herself to the under five mothers and developed a good rapport and made them to cooperate and accept for the study. After getting demographic data from the mothers of under five children pre test was done with the help of the prepared tool. After the pre test, teaching programme was given to the mothers of under five children with the help of flash cards and pamphlets. Seven days after the teaching programme, post test was done to evaluate the effectiveness of teaching programme on child abuse was assessed by using same evaluation tools. Based on the collected data effectiveness was found by comparing the pre test and post test score.

SCORE INTERPRETATION

The instrument consists of 30 questions regarding child abuse. The maximum score was thirty and minimum score was zero. Based on the scoring percentage of knowledge was calculated by the formula.

$$\text{Score interpretation} = \frac{\text{Obtained score}}{\text{Total Score}} \times 100$$

Based on information data were classified as follows.

<50% - Inadequate knowledge.

50-75% - Moderately adequate knowledge.

> 75% - Adequate knowledge.

STATISTICAL METHOD

Descriptive statistical analysis and inferential statistical analysis methods was used to find out the percentage, mean, standard deviation, paired 't' test and chi square.

Table: 4.1

S.NO	DATA ANALYSIS	METHODS	REMARKS
1.	Descriptive analysis	The total number, percentage, mean and standard deviation.	To describe the demographic variables of mothers of under five children.

**DATA ANALYSIS AND INTERPRETATION HAVE BEEN DONE
UNDER THE FOLLOWING HEADINGS**

SECTION –A

Frequency and percentage distribution of demographic variables of mothers of under five children about child abuse.

SECTION – B

Comparison between pre test and post test level of knowledge on child abuse among mothers of under five children.

SECTION – C

Comparison between mean and standard deviation of pretest and posttest of effectiveness of structured teaching programme on child abuse among mothers of under five children.

SECTION – D

Mean and standard deviation of improvement score for child abuse among mothers of under five children.

SECTION – E

Analyzing the association between demographic variables and knowledge on child abuse among mothers of under five children.

SECTION-A

TABLE 4.2: Frequency and percentage distribution of demographic variables of mothers of under five children about child abuse.

N=50			
S.No	DEMOGRAPHIC VARIABLES	NUMBER	PERCENTAGE
1.	Age of the mother		
	a) < 25 years	13	26
	b) 25-30 years	18	36
	c) 31-35 years	15	30
	d) >35 years	4	8
2.	Education of the father		
	a) illiterate	8	16
	b) elementary school level	14	28
	c) high school level	22	44
	d) graduate and above	6	12
3.	Occupation of the father		
	a) self employee	18	36
	b) private service	26	52
	c) government service	6	12
4.	Education of the mother		
	a) Illiterate	2	4
	b) elementary school level	26	52
	c) High school level	18	36
	d) Graduate and above	4	8

5.	Occupation of the mother		
	a) house wife	33	66
	b) Self employee	13	26
	c) Private employee	3	6
	d) Government service	1	2
6.	Family income per month		
	a) below Rs. 1000/-	5	10
	b) Rs.1001-Rs.3000/-	19	38
	c) above Rs.3001/-	26	52
7.	Type of family		
	a) nuclear family	34	68
	b) joint family	15	30
	c) others	1	2
8.	Number of children		
	a) one	7	14
	b) two	36	72
	c) three	7	14
	d) above three	0	0
9.	Age of the child is		
	a) below one year	8	16
	b) 1-3 year	26	52
	c) 4-5 years	16	32
10.	Source of abuse related information	22	44
	a) health personnel	15	30
	b) mass media	9	18
	c) relatives	4	8
	d) community		

Table 4.2 depicts the frequency and percentage distribution of the demographic variables of mothers of under five children. Out of 50 mothers, four (8%) were aged above 35 years, 18 (36%) aged between 26-30 years. Regarding education of father, six (12%) upto graduation, 22(44%) had high school level. With regard to the occupation of father six (12%) were in government service, 26 (52%) in private service. Regarding education of the mother, two (4%) were illiterate, 26 (52%) in elementary school level. Occupation of the mother reveals that one (2%) was in government service, 33 (66%) were house wife. Concerning with the monthly income of the family, five (10%) were below Rs.1000/-, 26 (52%) were above Rs.3001. Concerning type of family one (2%) belonged to other type of family, 34 (68%) belonged to nuclear family. Regarding age of the child eight (16%) were below one year, 16(32%) were between 4-5 years. Regarding source of abuse related information four (8%) were from community, 22(44%) were from health personnel.

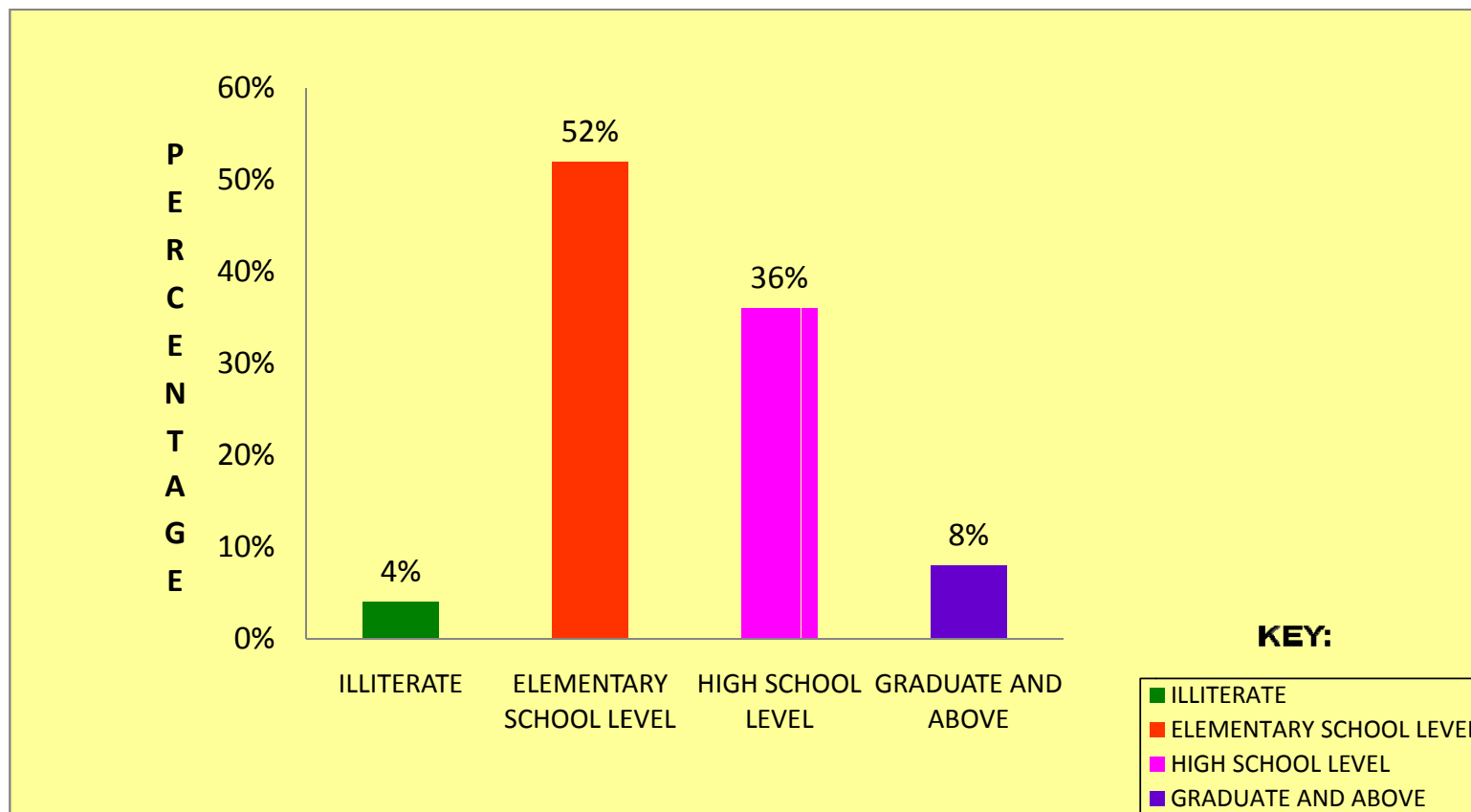


Figure 4.1: Percentage distribution based on the education of the mother

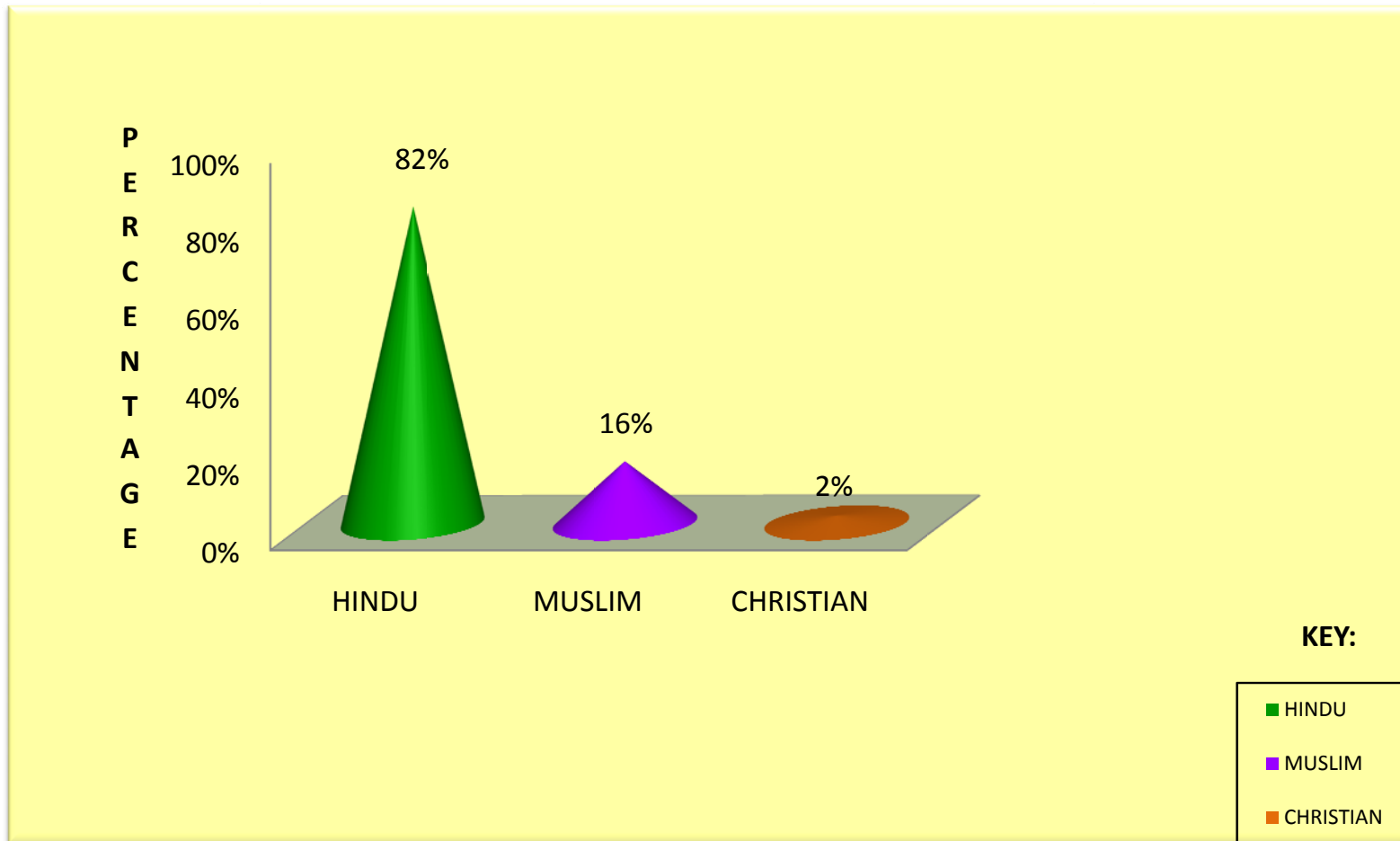


Figure 4.2: Percentage distribution based on religion

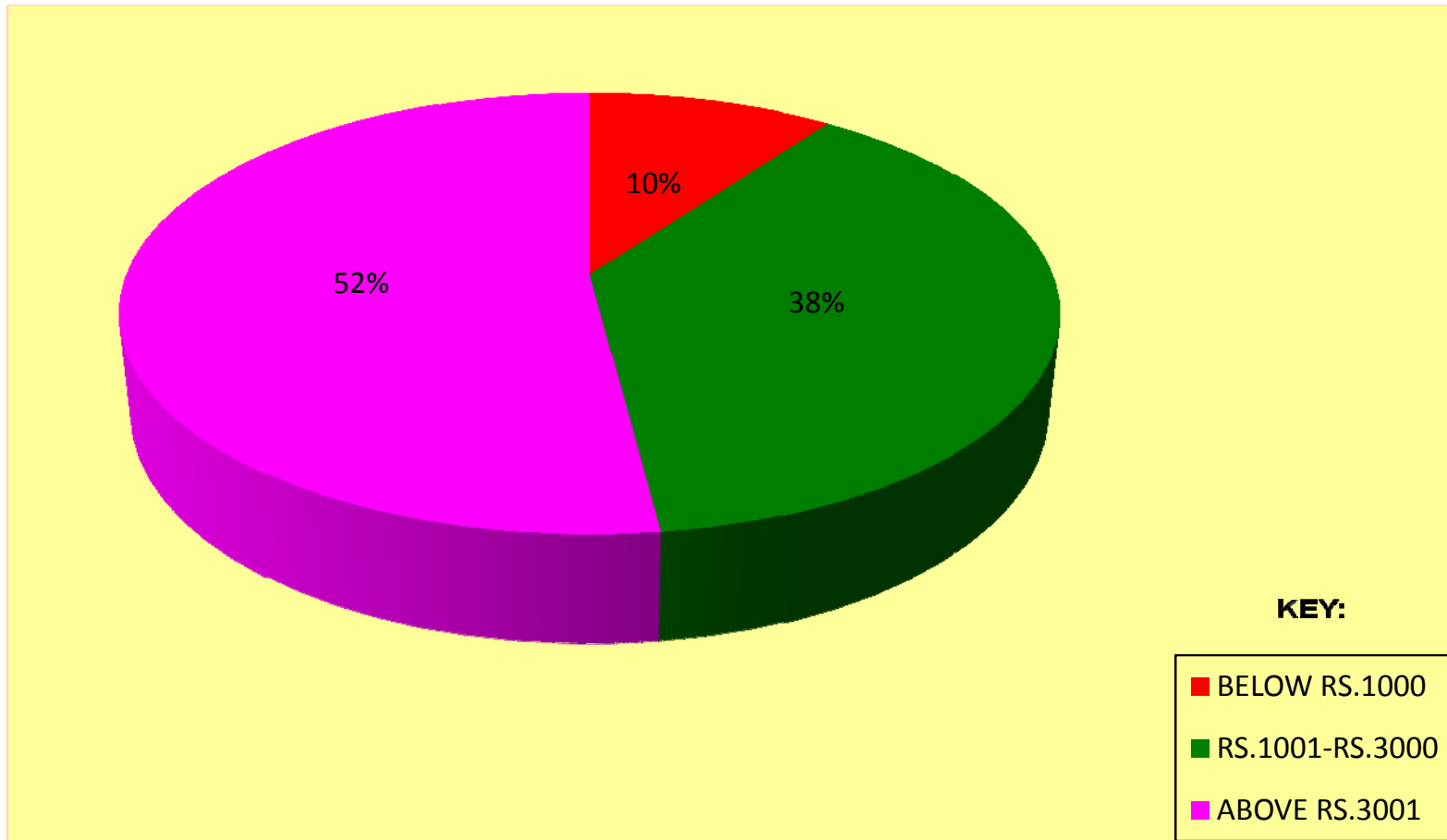


Figure 4.3: Percentage distribution based on the family income

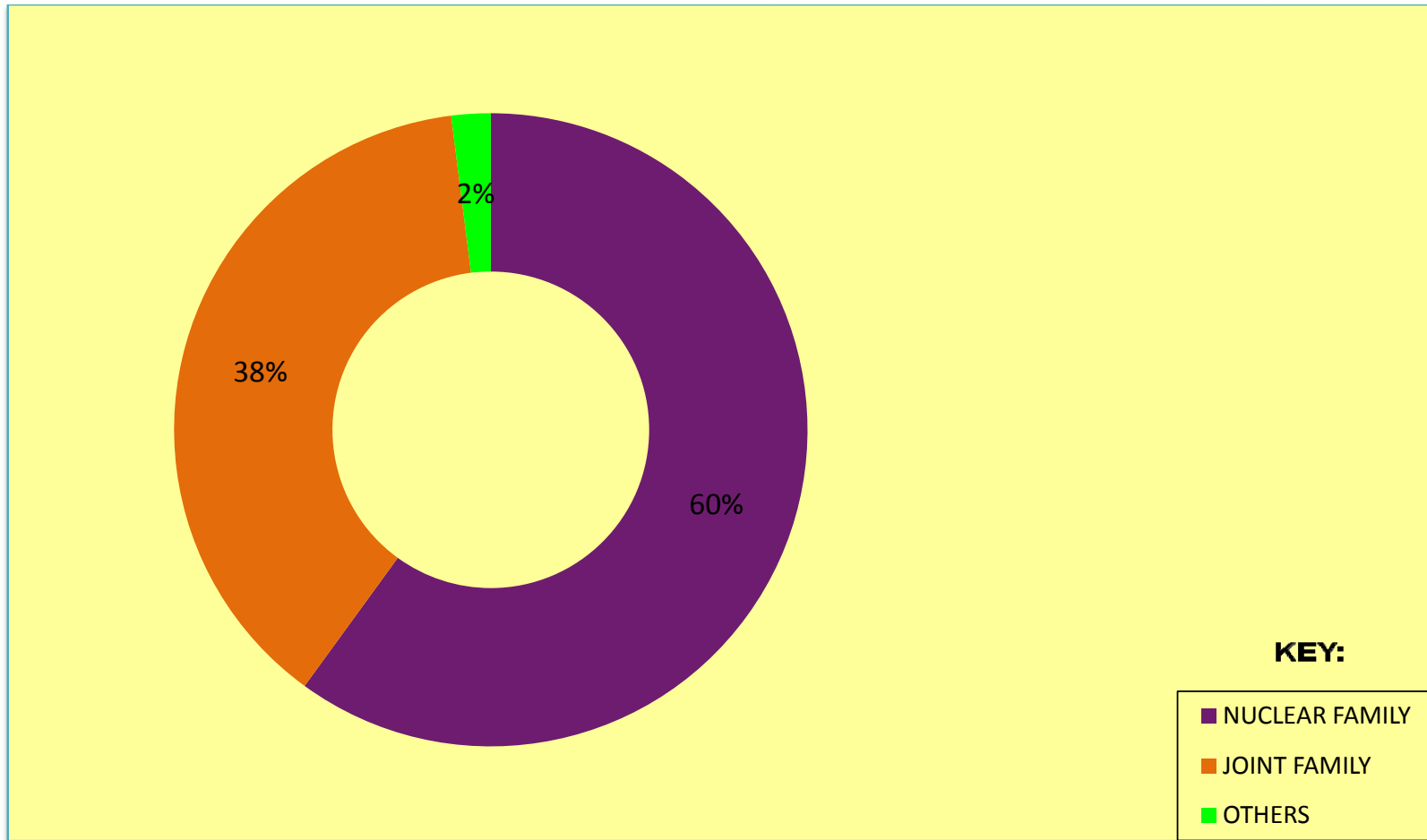


Figure 4.4: Percentage distribution based on the type of family

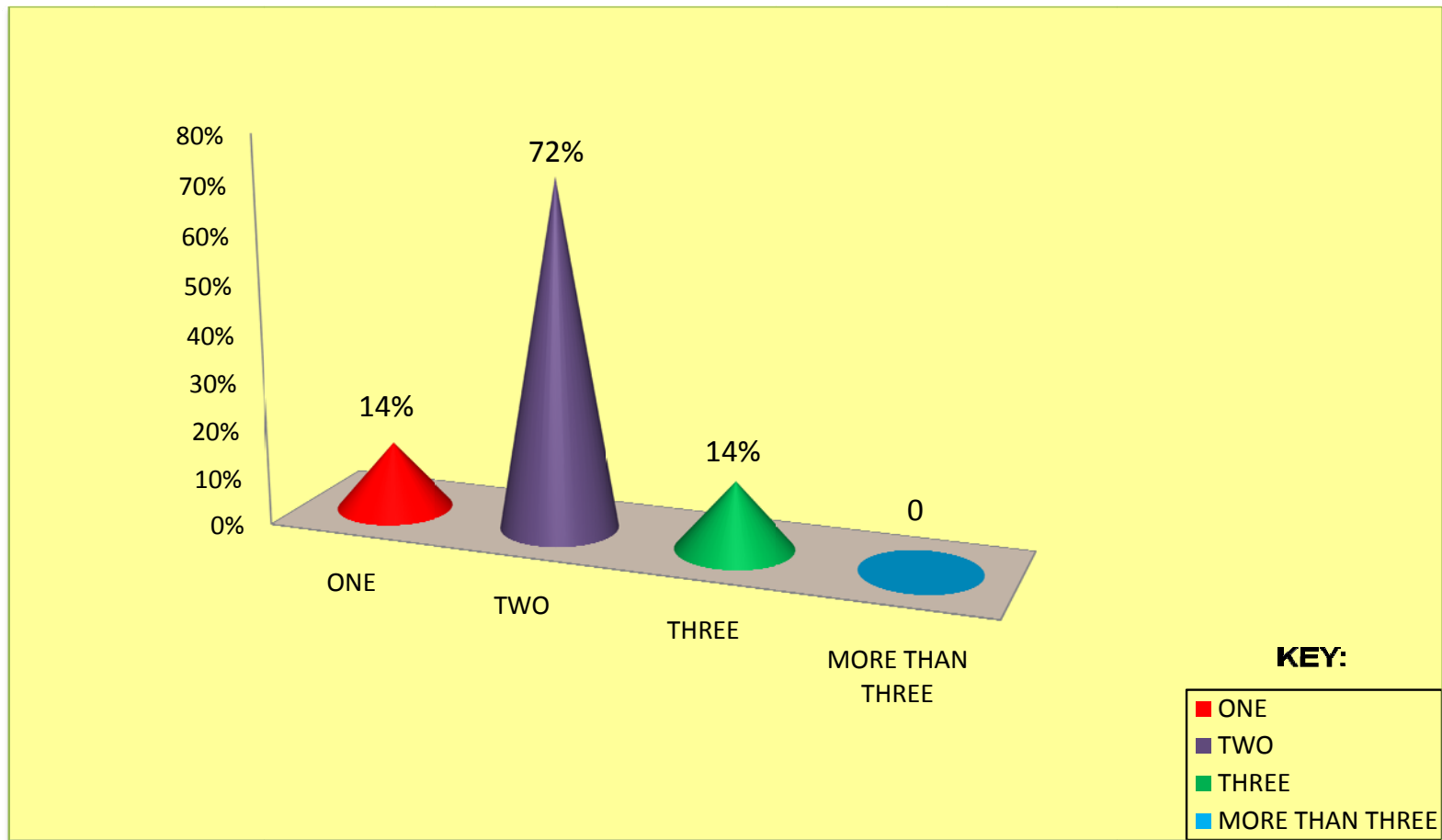


Figure 4.5: Percentage distribution based on the number of children

SECTION – B

TABLE – 4.3: Frequency and percentage distribution of level of knowledge among mothers of under five children regarding child abuse on pre test and post test

N=50

LEVEL OF KNOWLEDGE	ADEQUATE KNOWLEDGE		MODERATE KNOWLEDGE		INADEQUATE KNOWLEDGE		TOTAL	
	No	%	No	%	No	%	No	%
Pre test	0	0	12	24	38	76	50	100
Post test	28	56	22	44	0	0	50	100

Table 4.3 shows the knowledge regarding child abuse through the pre test and post test based on questionnaire method. In the pre test among 50 mothers, 12 (24%) had moderately adequate knowledge, 38(76%) mothers had inadequate knowledge. In the post test, 28(56%) had adequate knowledge, 22 (44%) mothers of under five children had moderately adequate knowledge and none of them was in inadequate knowledge.

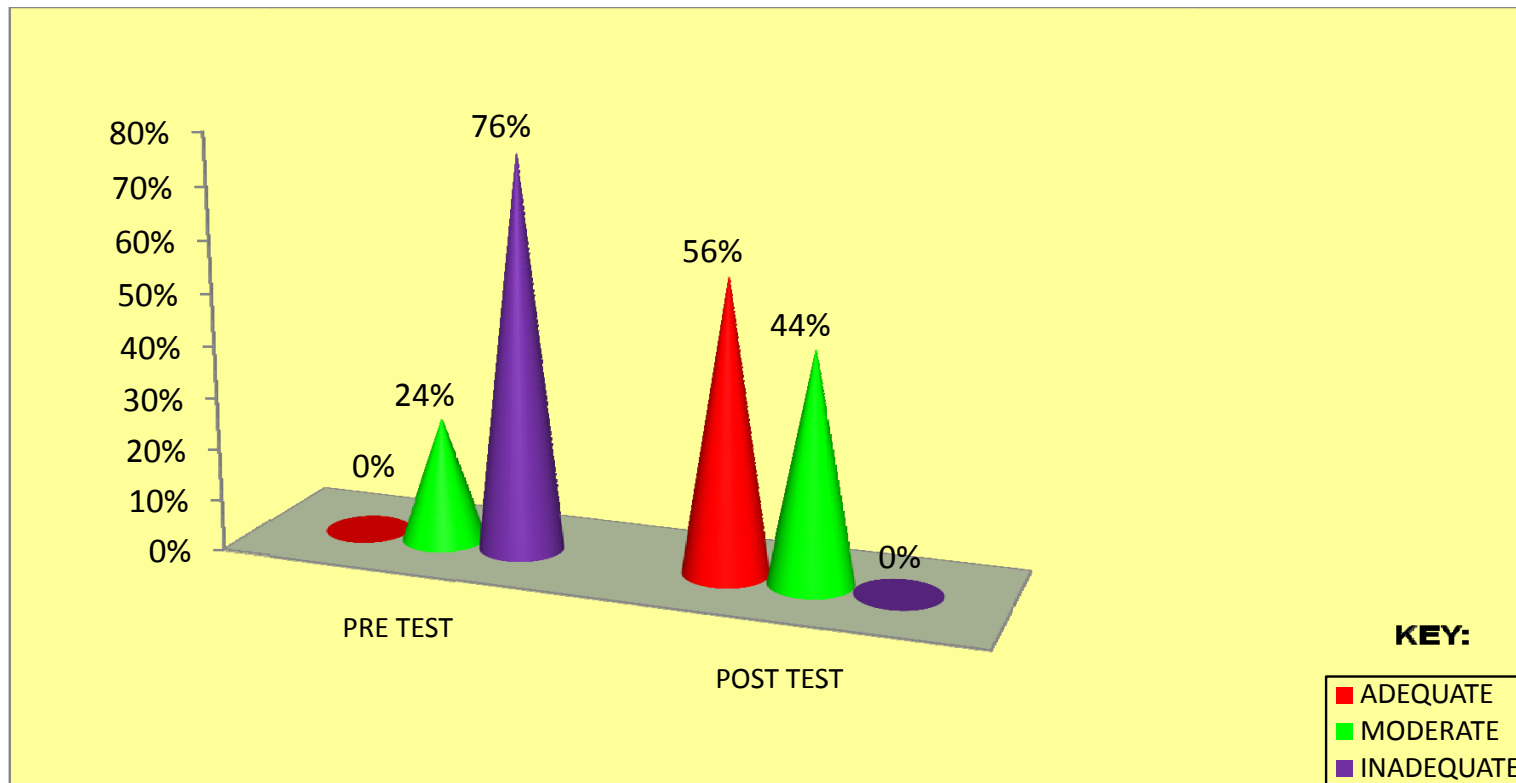


Figure 4.7 Frequency and percentage distribution of knowledge regarding child abuse among mothers of under five children on pretest and post test

SECTION – C

TABLE – 4.4: comparison between mean and standard deviation of pre test and post test of effectiveness of structured teaching programme on child abuse among mothers of under five children.

N=50

S.NO	LEVEL OF KNOWLEDGE	MEAN	STANDARD DEVIATION	CONFIDENCE INTERVAL df=95%
1	PRE TEST	12.78	3.55	11.79-13.77
2.	POST TEST	22.72	2.76	16.62-28.83

Table 4.4 shows that the overall mean of knowledge regarding child abuse among mothers of under five children was 12.78 and the class interval was between 11.79-13.77 with the standard of 3.55 in pre test and the overall mean of knowledge regarding child abuse in post test 22.72 and the class interval was between 16.62-28.83 with the standard deviation of 2.76.

SECTION - D

TABLE – 4.5: Mean and standard deviation of improvement score for child abuse among mothers of under five children.

N=50					
S. NO	LEVEL OF KNOWLEDGE	MEAN	STANDARD DEVIATION	't' VALUE	CONFIDENCE INTERVAL
1.	Improvement score	9.94	2.58	27.22	10.66-9.23

Table 4.5 reveals that the mean and standard deviation of improvement score for effectiveness of structured teaching programme on child abuse among 50 mothers of under five children. The improvement score of mean value was 9.94 with the standard deviation of 2.58 and the 't' test value was 27.22 which were statistically significant. It implies that the structured teaching programme was effective and showed improvement in knowledge level of mothers of under five children about child abuse at $p < 0.05$.

SECTION – E

TABLE – 4.6: Analyzing the association between demographic variables and knowledge on child abuse among mothers of under five children.

N=50

S. NO	DEMOGRAPHIC VARIABLES	PRE TEST				POST TEST				χ^2
		Inadequate		Moderate		Moderate		Adequate		
		No	%	No	%	No	%	No	%	
1.	Age of mother									2.05 NS
	A) < 25 years	10	20	3	6	7	14	6	12	
	B) 26-30 years	14	28	4	8	9	18	9	18	
	C) 31-35 years	12	24	3	6	5	10	10	20	
	D) >35 years	2	4	2	4	1	2	3	6	
2.	Occupation of the father									0.32 NS
	A) self employee	14	28	4	8	8	16	10	20	
	B) private service	21	42	5	10	12	24	14	28	
	C) government service	3	6	3	6	2	4	4	8	
	Education of the mother									11.83 NS
	A) illiterate	2	4	0	0	2	4	0	0	
	B) elementary school	24	48	2	4	16	32	10	20	
	C) high School	10	20	8	16	3	6	15	30	
	D) graduate and above	2	4	2	4	1	2	3	6	

5.	Occupation of the mother									
	A)house wife	25	50	8	16	17	34	16	32	
	B)self employee	10	20	3	6	5	10	8	16	
	C)private service	2	4	1	2	0	0	3	6	4.06
	D)government service	1	2	0	0	0	0	1	2	NS
6.	Family Income Per Month									
	A)Below Rs.1000/-	4	8	1	2	3	6	2	4	
	B)Rs.1001 – Rs.3000/-	15	30	4	8	9	18	10	20	0.93
	C) Above 3000/-	19	38	7	14	10	20	16	32	NS
7.	Type of family									
	A)nuclear family	25	50	9	18	15	19	38	80	
	B)joint family	12	24	3	6	6	9	18	5	1.370
	C)others	1	2	0	0	1	0	0	8.3	NS

NS-NOT SIGNIFICANT

Table 4.6 shows that there was no significant difference between the demographic variables of age of the mother, education of the father, occupation of father, education of the mother, occupation of mother, family income per month, type of family, number of children, age of the child and source of abuse related information has with the level of knowledge.

CHAPTER-V



RESULTS AND DISCUSSION

CHAPTER –V

RESULTS AND DISCUSSION

The aim of the study was to assess the effectiveness of structured teaching programme regarding child abuse among mothers of under five children. A total number of 50 mothers of under five children were selected for the study. The pre test was conducted using structured questionnaire. The duration of the pre test ranged from 20-30 minutes for each mother. After the pre test a teaching programme regarding child abuse was shown to the mothers. After seven days, post test was conducted by using same questionnaire.

The study was proved that structured teaching programme has brought about excellent changes in the level of knowledge regarding child abuse among the mothers of under five children.

The first objective was to assess the level of knowledge regarding child abuse among mothers of under five children.

Table.no.4.3 showed that among 50 mothers, most of the mothers 38(76%) had inadequate knowledge, 12 (24%) had

moderately adequate knowledge and none of them was in adequate knowledge. In pre test the overall mean was 12.78 with the standard deviation of 3.5171. It reveals that, mothers of under five children needs educational programme to improve their knowledge about child abuse.

The second objective was to evaluate the effectiveness of structured teaching programme regarding child abuse.

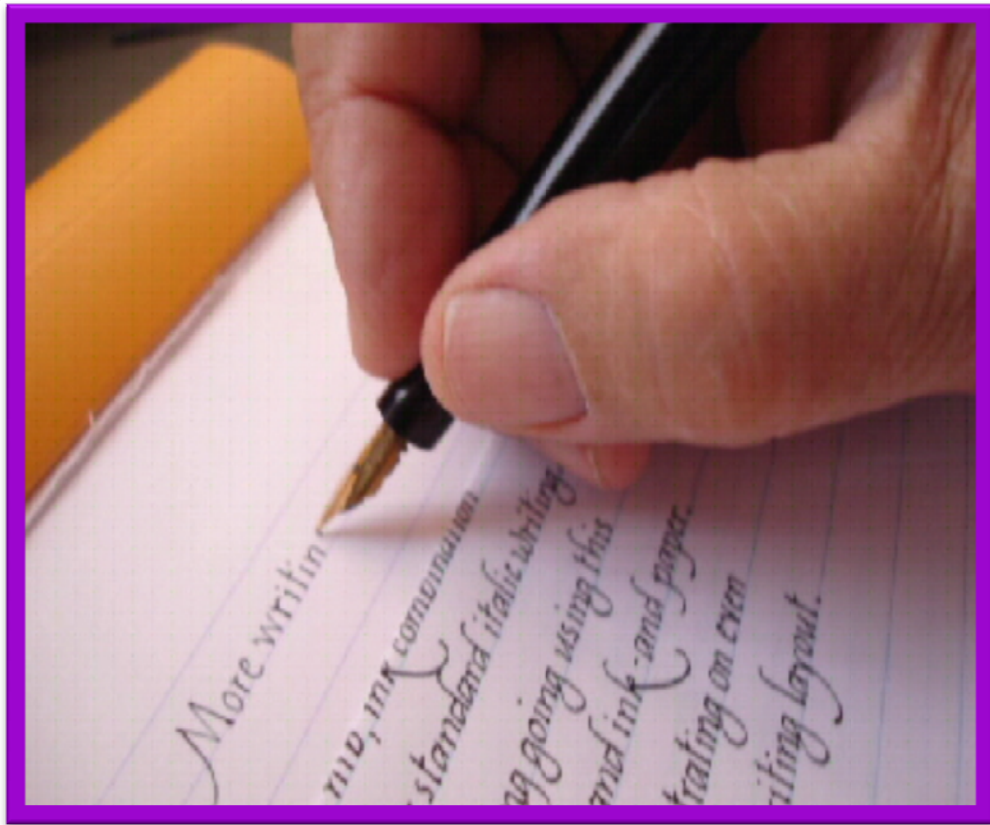
Table 4.3 shows that, in post test, 28(56%) mothers had adequate knowledge, 22(44%) mothers had moderately adequate knowledge and none of them was in inadequate knowledge. The overall mean of knowledge regarding child abuse in post test was 22.72 with the standard deviation of 2.73. The improvement score of mean value was 9.94 with the standard deviation of 2.55 and the 't' test value was 27.49 which were statistically significant.

This findings are consistent with the study findings of Tavakol K.H. et.al., (2008) who conducted a study on knowledge of child abuse among mothers results showed that comparison of pre test and post test scores using paired t test indicated statistically improvement in attitude whole mean scores $t = 6.49$, $p < 0.01$.

The third objective was to find association between effectiveness of structured teaching programme on child abuse among mothers of under five children with their selected demographic variables.

Table 4.6 shows that there was no significant difference between the demographic variables of age of the mother, education of the father, occupation of father, education of the mother, occupation of mother, family income per month, type of family, number of children, age of the child and source of abuse related information has with the level of knowledge.

CHAPTER-VI



SUMMARY AND CONCLUSION

CHAPTER –VI

SUMMARY & CONCLUSION

SUMMARY

The present study was conducted to assess the effectiveness of structured teaching programme on child abuse among mothers of under five children. One group pre test post test pre experimental research design was used for this study. Fifty mothers who met the inclusion criteria had been selected from ICDS centres at Malaipalayam by using simple random sampling technique. The investigator first introduced herself to the mothers and developed a rapport with them. The pre test was conducted with the questionnaire then teaching programme was conducted using flash cards and pamphlets. Seven days after the structured teaching programme post test was conducted by using same evaluation tool. The data collected was grouped and analyzed by using descriptive statistics and inferential statistics.

CONCLUSION

In pretest out of 50 mothers, 38 (76%) mothers had inadequate knowledge and 12(24%) had moderately adequate knowledge and none of them had adequate knowledge. In post test 22(44%) had moderately adequate knowledge and 28(56%) had adequate knowledge and none of them had inadequate knowledge. The 't' value 27.49 was compared with tabulated table value at the level of $P < 0.05$ was significant .So it was concluded that the structured teaching programme on child abuse among mothers of under five children was effective. Thereby mothers can apply the knowledge effectively which in turn to promote children's wellbeing.

NURSING IMPLICATIONS

The findings of the study have implications in different branches of nursing that is nursing practice, nursing education, nursing administration and nursing research, by assessing a level of mothers of under five children knowledge towards child abuse. The investigator received a clear picture regarding the different steps to be taken in different field to improve the same.

IMPLICATION FOR NURSING PRACTICE:

- Paediatric health nurse and other health professionals should be aware of child abuse effects and its prevention and provide child abuse education to mothers of under five children.
- Nurse should improve mass media programme through radio, television and teleconference regarding prevention of child abuse.
- Nurse can organize the structured teaching programme through tele-conference in order to wide spread the awareness throughout the country.
- Teaching programme regarding child abuse must be organized in maternal and child health hospital and community.
- Nursing personnel who are working in the hospital or community should carry out individual health teaching and group teaching regarding prevention of child abuse and promotion of health of the children using different audio visual aids.

- The teaching programme can also be organized by child development project officers to implement the services to the remote areas of community effectively.

IMPLICATION FOR NURSING EDUCATION:

- The study outlines, the significance of short term courses and in-service education to equip nurses with the current knowledge on child abuse.
- Nurse educators when planning and instructing nursing students, should provide opportunities for students to gain the knowledge in teaching community about child abuse.
- Nursing personnel should be given in-service education to update their knowledge.
- Nurse educators when instructing the students, should provide adequate opportunity for each student.
- The nursing educator can prepare the student to utilize teaching according to needs of community.
- Nurse educator should educate the students regarding child welfare agencies and help lines that will help them to educate mothers in their clinical and community postings.
-

IMPLICATION FOR NURSING ADMINISTRATION:

- With technology advanced and ever growing challenges of health care needs. The college and hospital administration, have a responsibility to provide nurses, nurse educators with continuing education opportunities on child abuse. This will enable the nurses to update their knowledge and to acquire special skills.
- Nurse administrators play an important role in plan and organize continuing nursing education programme for nursing personnel and motivate them in conducting programme on child abuse and it will be beneficial to community.
- Nurse administrators can promote efficient team work, plan for manpower, money, material and methods to conduct education programme.
- Findings of the study help nurse administrator to allocate resources to do further studies in child abuse. It may include all health personnel who provide supportive patient care services.

- An educational programme on child abuse need adequate supervision by nursing administrator and motivates them to carry out educative roles.
- The study findings will serve as a background for further study regarding child abuse among the mothers of under five children.
- The study gives knowledge among nurses in identifying the risk factors and effects of child abuse.

IMPLICATION FOR NURSING RESEARCH:

- This study will help the nurse researchers to develop insight into the developing module and set information towards awareness about child abuse and prevention of complication.
- The findings of the study help the professional nurse and students to develop inquiry by providing a baseline. The general aspect of the study result can be made by further replication of the study helps the nurse researchers to develop insight in to the development of teaching module and set of information for various aspects of prevention of child abuse at various levels.

RECOMMENDATIONS:

Based on the research findings the following recommendations can be made:

- The same study can be replicated on a larger sample and also at different settings.
- A comparative study can be done between rural and urban areas.
- A descriptive study on assessing the knowledge and attitude of anganwadi workers on child abuse and their practice can be done.
- A structured teaching programme on child abuse can be prepared and given to the anganwadi workers. So that they can impart knowledge to all areas of community.
- A structured teaching programme on child abuse can be prepared and given to the teachers and the parent's. So that they can impart knowledge to all school going children.

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APPENDICES



DEMOGRAPHIC VARIABLES

1. Age of mother

- a) < 25 years ☐
- b) 26-30 years ☐
- c) 31-35 years ☐
- d) > 35 years ☐

2. Education of the father

- a) illiterate ☐
- b) elementary school level ☐
- c) high school level ☐
- d) graduate and above ☐

3. Occupation of the father

- a) self employee ☐
- b) private service ☐
- c) government service ☐

4. Education of mother

- a) illiterate ☐
- b) elementary school level ☐
- c) high school level ☐
- d) graduate and above ☐

5. Occupation of the mother

- a) house wife ☐
- b) self employee ☐
- c) private service ☐
- d) government service ☐

6. Family income per month

- a) below Rs 1000/- ☐
- b) Rs 1001-Rs 3000/- ☐
- c) above Rs 3001/- ☐

7. Type of family

- a) nuclear family ☐
- b) joint family ☐
- c) others ☐

8. Number of children

- a) one ☐
- b) two ☐
- c) three ☐
- d) more than three ☐

9. Age of the child is

- a) below one year ☐
- b) 1-3 years ☐
- c) 4-5 years ☐

10. Source of abuse related information

- a) health personnel ☐
- b) mass media ☐
- c) relatives ☐
- d) community ☐

QUESTIONNAIRE

1. Child abuse is

- a) accidental injury ☐
- b) maltreatment ☐
- c) providing child's needs ☐
- d) restricting adamant activities ☐

2. The most vulnerable age group for child abuse is

- a) less than 4 years ☐
- b) 4-8 years ☐
- c) 9-13 years ☐
- d) more than 13 years ☐

3. The general cause for child abuse is

- a) disobedient child ☐
- b) obedient child ☐
- c) lack of parenting skill ☐
- d) extremely protective ☐

4. Child related risk factor for child abuse

- a) adamant child ☐
- b) poor eating child ☐
- c) poor learning child ☐
- d) unwanted child ☐

5. Most frequent and persistent parent related risk factor for child abuse is

- a) personal history of child abuse ☐
- b) medical illness ☐
- c) malnutrition ☐
- d) more work load ☐

6. The most common societal related risk factor is

- a) low crime rate ☐
- b) high poverty rate ☐
- c) low population rate ☐
- d) high suicidal rate ☐

7. Most common child abuse is

- a) sexual abuse ☐
- b) neglect ☐
- c) emotional abuse ☐
- d) physical abuse ☐

8. Physical abuse means

- a) intentional physical injury ☐
- b) restriction of physical activities ☐
- c) road traffic accidents ☐
- d) accidental injury ☐

9. Risk factor for physical abuse is

- a) children with chronic medical conditions ☐
- b) children with poor school performance ☐
- c) children with loss of appetite ☐
- d) children with excessive appetite ☐

10. The character of caretaker regarding physical abuse is

- a) misperceives child ☐
- b) withhold love ☐
- c) Use harsh discipline ☐
- d) takes alcohol ☐

11. Signs of physical abuse are

- a) nightmares, bedwetting, venereal disease ☐
- b) aggression, suicidal attempt, unattachment to parents ☐
- c) frequent absent in school, dirty, bad odour ☐
- d) unexplained burns, bruises, fractures ☐

12. The effect of physical abuse

- a) nausea, vomiting, diarrhoea ☐
- b) pain, swelling, bleeding ☐
- c) skin rashes, purpura, scales ☐
- d) irritability, aggression, anxiety ☐

13. Emotional abuse is a pattern of behavior that attack child's

- a) physical development ☐
- b) cognitive development ☐
- c) emotional development ☐
- d) social development ☐

14. Common forms of emotional abuse are

- a) kissing, photographing, touching body parts ☐
- b) beating, burning, pulling hair ☐
- c) restraining, throwing, biting ☐
- d) rejection, isolating, criticism, teasing ☐

15. Warning signs of emotional abuse are

- a) frequent injuries, crying, shies to touch ☐
- b) unhygienic,inappropriate clothing,missing in school ☐
- c) agresion, withdrawn, fearful ☐
- d) trouble walking, STD, runs away from home ☐

16. Sexual abuse means

- a) children forced to involve in sexual act ☐
- b) children involved in domestic work ☐
- c) children involved in masturbation ☐
- d) children playing with opposite sex peers ☐

17. Forms of sexual abuse

- a) intentional touching of body parts ☐
- b) teasing in front of others ☐
- c) isolating in a room ☐
- d) threatening child ☐

18. The character of sex offender is

- a) engage in frequent contact with children ☐
- b) avoiding close contact with children ☐
- c) criticizing children ☐
- d) scolding children very often ☐

19. Warning signs of child sexual abuse are

- a) crying, lags in physical growth, malnutrition ☐
- b) infections, headache, diarrhoea ☐
- c) tremors, anxiety, learning disability ☐
- d) genital pain, bleeding ,behavioral problem ☐

20. Effects of sexual abuse is

- a) neck pain, tremors ,anxiety ☐
- b) nightmares, insomnia, suicidal ideation ☐
- c) nausea ,vomiting, diarrhoea. ☐
- d) dyspnea, wheeze, joint pain ☐

21. Child neglect is

- a) leaving the child in neighbour's house ☐
- b) providing more work ☐
- c) refusal to provide basic needs ☐
- d) causing physical injuries ☐

22. The character of caretaker regarding child neglect

- a) jealous ☐
- b) history of neglect ☐
- c) blaming the child ☐
- d) harsh discipline ☐

23. Signs of child neglect

- a) cuts, bruises ☐
- b) infection, bleeding ☐
- c) failure to thrive, unhygienic ☐
- d) fear, aggression ☐

24. Short term effect observed in child abuse

- a) teasing others ☐
- b) more social involvement ☐
- c) violent criminal ☐
- d) academic difficulties ☐

25. Long term effect observed in child abuse on personality

- a) lack of social adjustment ☐
- b) well adjusted to society ☐
- c) optimistic ☐
- d) hyperactivity ☐

26. The important preventive measure for child abuse in family is

- a) knowledge of child development ☐
- b) treat parents who take alcohol or drugs ☐
- c) counsel the parents ☐
- d) discouraging excessive use of physical punishment ☐

27. Preventive measure for society related child abuse is

- a) promoting community resources ☐
- b) encourage family planning ☐
- c) stress management to the parents ☐
- d) improving coordination with social agencies ☐

28. Most important preventive measure for sexual abuse is

- a) monthly family discussion of uncomfortable events ☐
- b) examine genitalia & rectum routinely ☐
- c) teach name, function & significance of private parts ☐
- d) careful screening of caretakers ☐

29. Organization provides services to an abused child

- a) school ☐
- b) child guidance clinic ☐
- c) hospital ☐
- d) day care center ☐

30. The services provided for emotional wound from child abuse is

- a) nutrition ☐
- b) immunization ☐
- c) counseling ☐
- d) eye check up ☐

KEY ANSWER:

1) B

2) A

3) C

4) D

5) A

6) B

7) B

8) A

9) A

10) C

11) D

12) B

13) C

14) D

15) C

16) A

17) A

18) A

19) D

20) B

21) C

22) B

23) C

24) D

25) A

26) A

27) D

28) C

29) B

30) C

HEALTH TEACHING ON CHILD ABUSE

HEALTH EDUCATION ON CHILD ABUSE

TOPIC	: child abuse
GROUP	: mothers
VENUE	: ICDS centres, malaipalayam village panchayat
DURATION	: 30 minutes
EVALUATOR	: Prof.B. Varalakshmi, M.Sc(N), M.Phil, Vice principal, APCON.
STUDENT TEACHER	: G.Nandhini
METHOD OF TEACHING	: Lecture cum discussion
A.V.AIDS	: flash cards

CENTRAL OBJECTIVE:

Help the mothers to gain adequate knowledge, desirable attitude and skill about child abuse and adopt preventive measures of child abuse.

CONTRIBUTORY OBJECTIVE:

The mothers will be able to

- meaning of child abuse
- illustrate the incidence of child abuse
- mention the causes of child abuse
- state the risk factors of child abuse
- explain the types of child abuse
- describe the effects of child abuse
- list down the child abuse organizations
- explain the preventive measures of child abuse

S. NO	CONTRIBUTORY OBJECTIVE	TIME	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	EVALUATION
1.	meaning of child abuse	2 min	INTRODUCTION: Child abuse is one of the serious emerging problem that has a significant long term impact on individuals, families and community. It is a sensitive issue that is rarely discussed by the community. Raising awareness and understanding of child abuse is the first important step towards addressing the issue. Child abuse incidence can be reduced only by creating awareness and with the adequate knowledge about the child abuse it can be prevented completely.	introducing the topic	listening	
2.	illustrate the incidence of child abuse	3 min	MEANING OF CHILD ABUSE: Child maltreatment is usually referred to as child abuse and neglect, includes all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development or dignity. INCIDENCE: According to national child abuse statistics: <ul style="list-style-type: none"> • A report of child abuse is made 	explaining	listening	what is child abuse?

3.	mention the causes and risk factors of child abuse	3 min	<p>every ten seconds.</p> <ul style="list-style-type: none"> • Almost five children die everyday as a result of child abuse. More than three out of four are under the age of four. • About 30% of abused and neglected children will later abuse their own children, continuing the horrible cycle of abuse. • Nearly 65% of school going children reported facing punishment beatings by teachers. • 90% of child sexual abuse victims know the perpetrator in some way; 68% are abused by family members. <p>CAUSES OF CHILD ABUSE:</p> <ul style="list-style-type: none"> ❖ Ignorance of parents or caretakers ❖ Stress of an adult ❖ Single parent ❖ Young parents without sufficient emotional support ❖ Lack of parenting skill 	explaining	listening	
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			<p>RISK FACTORS: The risk factors for the child abuse can be divided into three different categories.</p> <ol style="list-style-type: none"> 1. Community/societal: <ul style="list-style-type: none"> • High crime rate • High poverty rate • High unemployment rate • Lack of or few social services 2. Parent related: <ul style="list-style-type: none"> • History of physical or sexual abuse • Teenage parents • Single parent • Emotional immaturity • Poor coping skills • Low self-esteem • Substance abuse • Known past history of child abuse • Lack of social support • Domestic violence • Lack of parenting skills • Lack of preparation for the stress of a new infant • Depression or other mental 	explaining	listening	list any two causes of child abuse?
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4.	explain the types of child abuse	10 min	<p>illness</p> <ul style="list-style-type: none"> • Multiple young children • Unwanted pregnancy • Denial of pregnancy <p>3. Child related:</p> <ul style="list-style-type: none"> • Prematurity • Low birth weight • Handicap <p>TYPES OF CHILD ABUSE There are four major types of child abuse.</p> <ul style="list-style-type: none"> ➤ Physical abuse ➤ Emotional abuse ➤ Sexual abuse ➤ Child neglect <p>1. PHYSICAL CHILD ABUSE Meaning: Physical child abuse is a bodily injuries resulting from physical aggression that require medical treatment. Forms of physical abuse:</p> <ul style="list-style-type: none"> ✓ Beating, slapping, or hitting ✓ Pushing, shaking, kicking or throwing ✓ Pinching, biting, chocking, or hair-pulling 	explaining	listening	state any four important risk factors of child abuse.
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			<ul style="list-style-type: none"> ✓ Burning with cigarettes, scalding water, or other hot objects ✓ Severe physical punishment <p>Signs of physical abuse</p> <ul style="list-style-type: none"> ▪ frequent injuries or unexplained bruises, welts, or cuts, bites, broken bones ▪ has fading bruises or other marks noticeable after an absence from school ▪ seems frightened of the parents and protests or cries when it is time to go home ▪ shrinks at the approach of adults ▪ reports injury by a parent or another adult caregiver. <p>Behaviour of caretaker</p> <ul style="list-style-type: none"> ○ uses harsh discipline ○ expectation beyond the capabilities of the child ○ unconvincing, contradictory or no explanation of child's injury ○ misperceives child ○ misuses alcohol ○ attempts to conceal child's injury 	explaining	listening	mention any four signs of physical abuse
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			2. EMOTIONAL CHILD ABUSE Meaning <p>Emotional child abuse is any attitude, behavior, or failure to act that interferes with a child's mental health or social development. It can range from a simple verbal insult to an extreme form of punishment.</p> Forms of emotional child abuse <ul style="list-style-type: none"> ✓ rejection ✓ isolation ✓ criticism ✓ teasing ✓ terrorizing ✓ harassment Signs of emotional child abuse <ul style="list-style-type: none"> ▪ excessively withdrawn, fearful, or anxious about doing something wrong ▪ shows extreme in behaviour ▪ acts either inappropriately adult or inappropriately infantile ▪ is delayed in physical or emotional development ▪ has attempted suicide 	explaining	listening	what is the behavior of the caretaker in physical abuse?
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			<ul style="list-style-type: none"> ▪ reports a lack of attachment to the parents <p>Behaviour of caretakers</p> <ul style="list-style-type: none"> ○ often blames the child ○ estimate the child's skill at lower level ○ withhold love ○ treat siblings unequally <p>3. SEXUAL CHILD ABUSE</p> <p>Meaning Child forced to involve in any sexual act by an adult is called sexual abuse.</p> <p>Forms of sexual child abuse</p> <ul style="list-style-type: none"> ✓ Touching & kissing in private body parts ✓ Taking photographs without dresses ✓ Showing age inappropriate photos and films ✓ Child prostitution <p>Signs of sexual child abuse</p> <ul style="list-style-type: none"> ▪ Trouble walking or sitting ▪ Displays knowledge or interest in sexual acts inappropriate to his or her age, or even seductive behavior ▪ Nightmares and bedwetting like behavioural problems 	explaining	listening	list any two warning signs of emotional abuse?
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			<ul style="list-style-type: none"> ▪ Makes strong efforts to avoid a specific person, without an obvious reason ▪ An STD or pregnancy, especially under the age of 14 years. ▪ Reports sexual abuse by a parent or another adult caregiver. <p>Character of sex offender</p> <ul style="list-style-type: none"> ○ Engage in frequent contact with children ○ Likes to play with the child ○ Provides rewards and gifts very often <p>4. CHILD NEGLECT</p> <p>Meaning</p> <p>Neglect is a very common type of child abuse. Neglect is a pattern of failing to provide for a child's basic needs.</p> <p>Forms of child neglect</p> <ul style="list-style-type: none"> ✓ Physical child neglect ✓ Educational neglect ✓ Emotional neglect <p>Signs of child neglect</p> <ul style="list-style-type: none"> ▪ Frequent absent in school ▪ Steals or begs food or money ▪ Lacks needed medical or dental 	explaining	listening	what will be the character of sex offender?
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5.	describe the effects of child abuse	5min	<p>care, immunizations</p> <ul style="list-style-type: none"> ▪ Consistently dirty and has severe bad odor ▪ Lacks sufficient clothing for the weather ▪ Abuses alcohol or other drugs ▪ States there is no one at home to provide care <p>Behaviour of caretakers</p> <ul style="list-style-type: none"> ○ History of neglect ○ Ignorance of parents ○ Lack of parenting skill ○ Lack of knowledge in child's stages of development ○ Young parents <p>EFFECTS OF CHILD ABUSE</p> <p>Child abuse has various effects on health of the child. These are</p> <p>SHORT TERM EFFECTS</p> <ul style="list-style-type: none"> ➤ Academic difficulties ➤ Aggressive behavior ➤ Alcohol & other drug abuse ➤ Physical injuries ➤ Failure to thrive ➤ Fear or shyness 	explaining	listening	what is child neglect?
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6.	list down the child abuse organizations	2 min	<ul style="list-style-type: none"> ➤ Learning problems ➤ Sleep disorder ➤ Suicidal attempts ➤ Thumb sucking ➤ Separation anxiety <p>LONG TERM EFFECTS</p> <ul style="list-style-type: none"> ➤ Lack of social adjustment ➤ Violent criminals cardiovascular problems ➤ Immune suppression ➤ Brain damage <p>AVAILABLE CHILD CARE SERVICES</p> <ul style="list-style-type: none"> • Child welfare agency • Social welfare agency • Police department • Mental health centre • Child guidance clinic 	explaining	listening	what are the signs of child neglect?
7.	explain the preventive measures of child abuse	5 min	<p>CHILD ABUSE PREVENTION TIPS FOR THE PARENTS</p> <ul style="list-style-type: none"> ❖ See children as beginners. Children can able to do according to their stage of development. 			

			<p>Unreasonable expectations will stimulate aggressive actions among parents and this act as a basis for child abuse.</p> <ul style="list-style-type: none"> ❖ Making physical injuries alone is not a child abuse. Violent verbal words and actions can also cause deep wound in the mind of children. ❖ Becoming aware of triggers is a good child abuse prevention strategy for parents. ❖ When the child's behavior irritates the parent, taking a timeout is an excellent child abuse prevention strategy. If the child is young, place the child in the crib then go to a quiet place even she can spend five minutes in bathroom. She advises to take three deep breaths. After the parent has calmed down, she can approach the child. ❖ Teach children their rights. ❖ Instead of punishing, child needs parents to teach them what to do, when and why. Because punishment only teaches what not 	explaining	listening	mention the two most important short term effects of child abuse.
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			<p>to do.</p> <ul style="list-style-type: none"> ❖ After acting aggressively parents should realize their mistakes and should spend time in playing with the children. ❖ Parents should have knowledge about the stages of child development. ❖ Parents should gain knowledge about the child abuse and their signs. ❖ If a child being harmed or see evidence of abuse, make a report to states child protective services department or local police. 			
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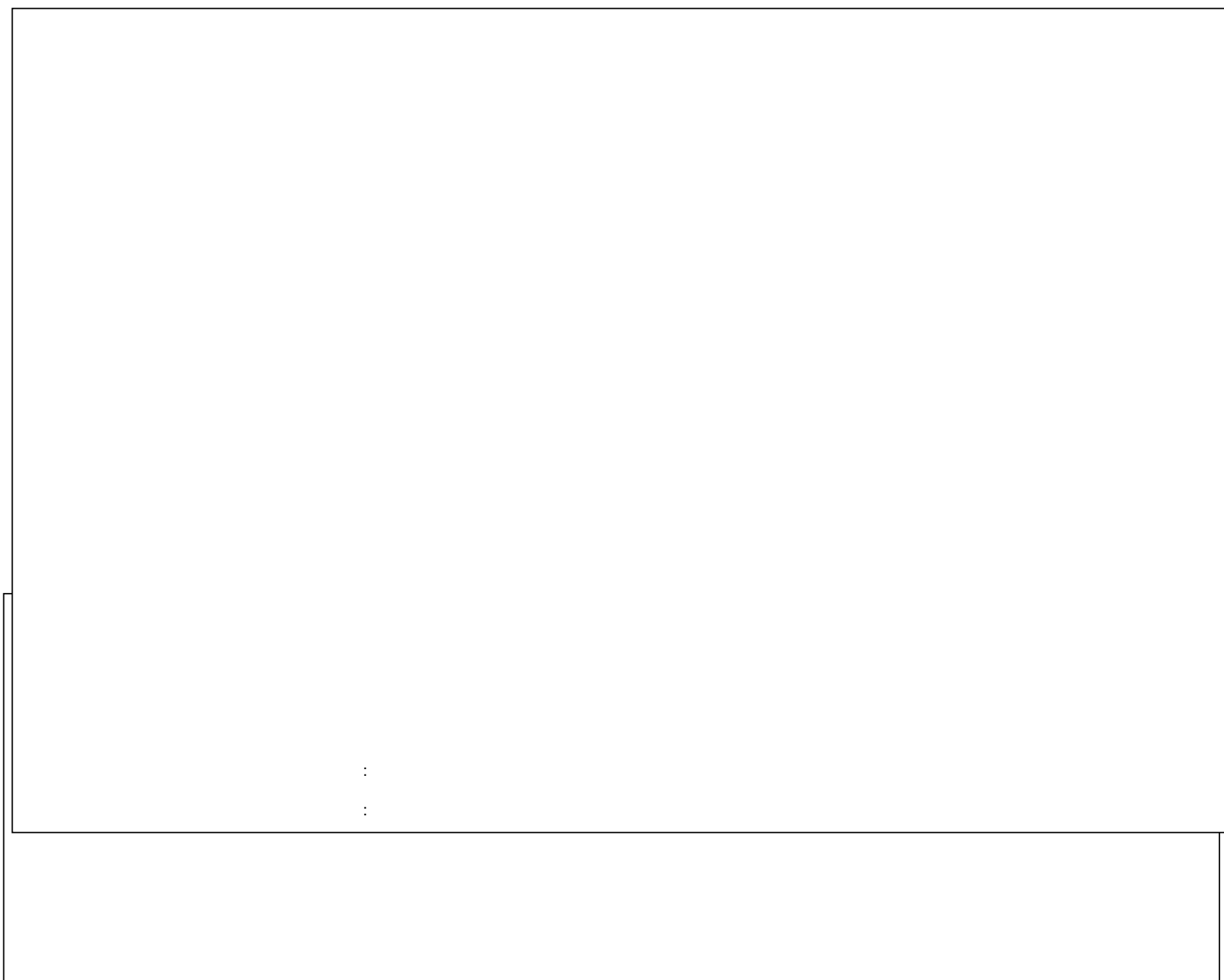
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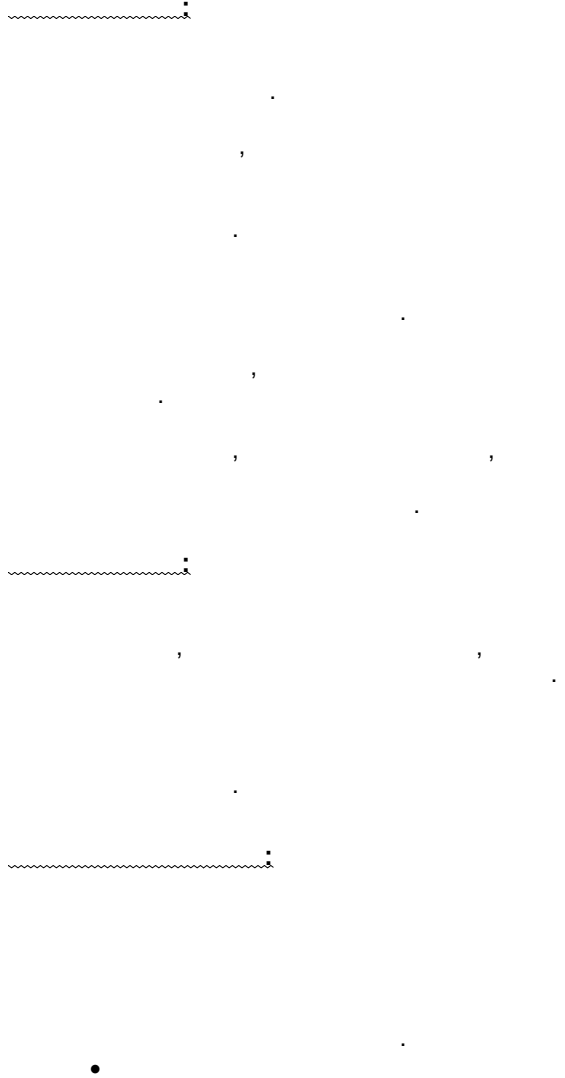


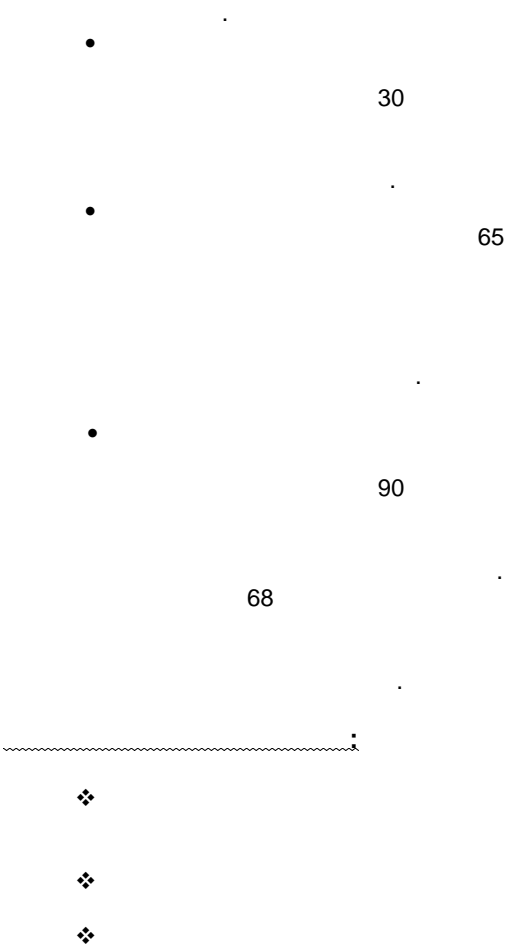
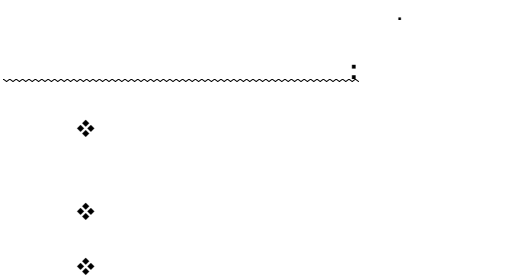
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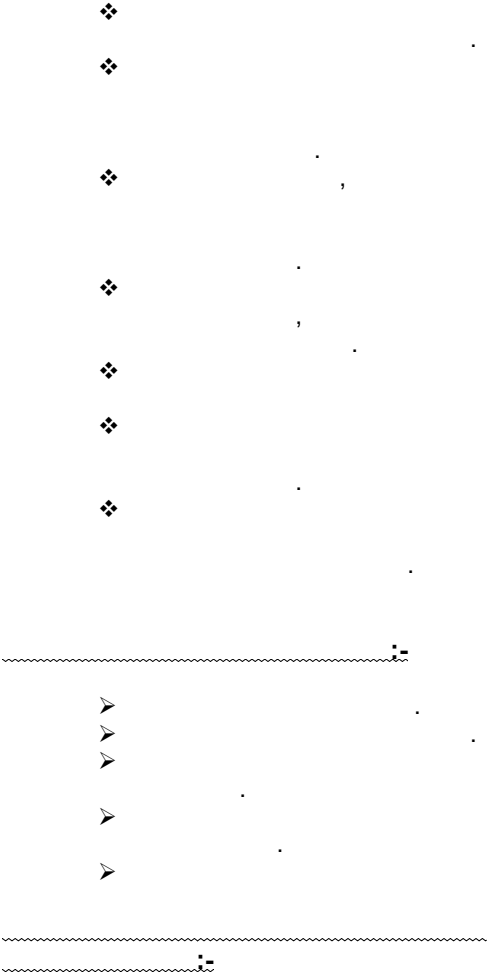
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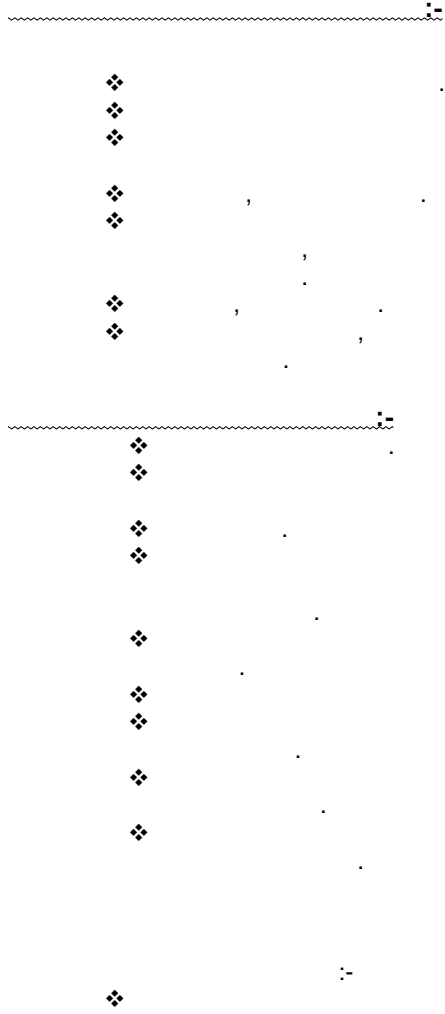
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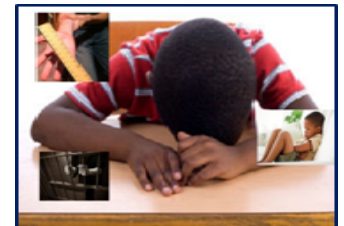
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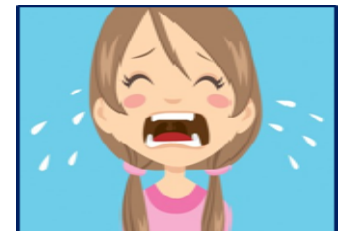
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SCHOLAR , INTRODUCING HERSELF TO THE MOTHER



SCHOLAR, CONDUCTING PRE TEST



SCHOLAR, CONDUCTING STRUCTURED TEACHING PROGRAMME



SCHOLAR, CONDUCTING POST TEST